

M13000003371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

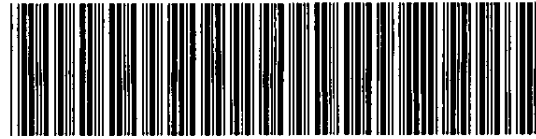
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2015 DEC 14 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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DEPARTMENT OF STATE  
15 DEC 14 AM 11:39

DEC 17 2015  
J. HARRIS

Date: 12/16/2015

Account #: I20000000088

Name: Darian Shump

Reference #: C014763

ENTITY NAME: VALUE PLACE FT MYERS FL EAST LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Annual Report

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other: \_\_\_\_\_

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15 DEC 16 AM 11:10  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

PLEASE RETAIN ORIGINAL  
FILE DATE  
12/14/2015

Authorized Amount: \$25

Signature: 



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2015

NATIONAL CORPORATE RESEARCH  
MICHELLE WALKER

SUBJECT: WOODSPRING SUITES FT MYERS FL EAST LLC  
Ref. Number: M13000003371

We have received your document for WOODSPRING SUITES FT MYERS FL EAST LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 715A00026166

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2015 DEC 14 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: WOODSPRING SUITES FT MYERS FL EAST LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX) \_\_\_\_\_

2. The Florida document number of this limited liability company is: M13000003371

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 05/28/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: VALUE PLACE FT MYERS FL EAST LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA  
2013 DEC 14 AM 8:55

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

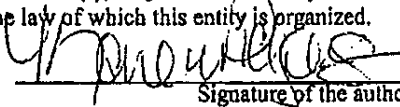
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Karen Pickens  
Typed or printed name of signee

Filing Fee: \$25.00

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2015 DEC 14 AM 8:55  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6909345

Entity Name: VALUE PLACE FT MYERS FL EAST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: KAREN PICKENS

Registered Office: 8621 E. 21ST STREET NORTH SUITE 250, WICHITA, KS 67206

was filed in this office on May 21, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of December 14, 2015

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 736284 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



**KANSAS SECRETARY OF STATE  
Limited Liability Company  
Certificate of Amendment**

**Kansas Office of the Secretary of State:**

Memorial Hall, 1st Floor (765) 296-4564  
120 S.W. 10th Avenue kssos@sos.ks.gov  
Topeka, KS 66612-1594 www.sos.ks.gov

3953 08  
053 003  
\$35.00

**FILED BY KS SOS**  
12-08-2015  
04:01:51 PM  
FILE#: 6909345



04303873

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

**1. Business entity ID number**

Not Federal Employer ID Number (FEIN).

6909345

**2. Name of limited liability company**

Must match name on record with Secretary of State.

WoodSpring Suites Ft Myers FL East LLC

**3. The limited liability company amends its articles of organization as follows:**

See Attached

**4. Future Effective date**

Must be within 90 days of filing date.

Upon filing

Future effective date:

Month

Day

Year

**5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Person

Name of Signer (printed or typed)

Phone Number

Month

Day

Year

*Karen Pickens*

Karen Pickens

316-630-5544

12

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**SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION  
OF  
WOODSPRING SUITES FT MYERS FL EAST LLC  
A LIMITED LIABILITY COMPANY**

(WoodSpring Suites Ft Myers FL East LLC was originally  
Organized by the filing of its Articles of Organization with  
The Kansas Secretary of State on May 21, 2013)

IT IS HEREBY CERTIFIED that the following Second Amended and Restated Articles of Organization of WoodSpring Suites Ft Myers FL East LLC (the "Company") which amends and restates the Company's Articles of Organization, as originally filed and subsequently amended, were duly set forth, proposed, and approved, in accordance with the provisions of the Company's Operating Agreement and Revised Kansas Limited Liability Act and amendments thereto (the "Act"), and that these Second Amended and Restated Articles of Organization constitutes all of the Articles of Organization of the Company and does hereby supersede the company's First Amended Articles of Organization as filed. This Second Amended and Restated Articles of Organization has been duly executed and filed in accordance with K.S.A. 17-7680 and 17-7678.

**The name of the Limited Liability Company**

The name of the limited liability company formed hereby is Value Place Ft Myers FL East LLC.

**Registered Office in Kansas**

The address of the Company's registered agent in the State of Kansas is 8621 E. 21<sup>st</sup> Street North, Suite 250, Wichita, KS 67206. The name of the resident agent at such address is Karen Pickens.

**Mailing address for official mail**

The mailing address of the Company's official mail in the State of Kansas is Karen Pickens at 8621 E. 21<sup>st</sup> Street North, Suite 250, Wichita, KS 67206.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed her name on this 8<sup>th</sup> day

of December 2015



I hereby certify this to be a true and correct copy of the original on file.  
Certified on this date: 12/14/15  
KRIS W. KOBACH  
Secretary of State *Kris W. Kobach*

*Karen Pickens*  
\_\_\_\_\_  
Karen Pickens