

M13000004509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

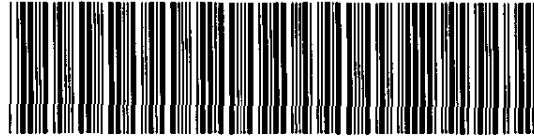
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
15 JAN 23 AM 10:49
DIVISION OF CLERK OF COURTS

FILED
2015 JAN 23 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 02 2015
J. HARRIS

CSC

ACCOUNT NO. : I20000000195
REFERENCE : 459797 7955045
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : January 14, 2015
ORDER TIME : 8:58 AM
ORDER NO. : 459797-005
CUSTOMER NO: 7955045

FOREIGN FILINGS

NAME: JOIE DE VIVRE - ORCHARD HOTEL,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joie de Vivre - Orchard Hotel, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Conley

Name of Person

Commune Hotels and Resorts, LLC

Firm/Company

530 Bush Street, Suite 501

Address

San Francisco, California 94108

City/State and Zip Code

aconley@communehotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Burnett

Name of Person

at (415) 364-5590

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

459797



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2015

CSC
COURTNEY WILLIAMS

SUBJECT: JOIE DE VIVRE - ORCHARD HOTEL, LLC
Ref. Number: M13000004509

RESUBMIT
Please give original
submission date as file date.

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 JAN 30 AM 11:00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for JOIE DE VIVRE - ORCHARD HOTEL, LLC and your check(s) totaling \$55.00. 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: 015A00001505

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 23 AM 10:59

FILED

**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: Joie de Vivre - Orchard Hotel, LLC

2. The Florida document number of this limited liability company is: M13000004509

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: July 18, 2013

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

5. New name of the limited liability company: Commune Services, 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

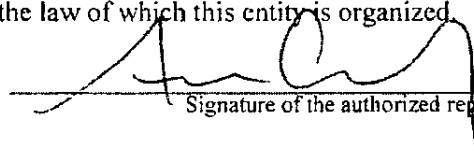
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
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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
Anne Conley

Typed or printed name of signee

Filing Fee: \$25.00

2015 JAN 23 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

State of California
Secretary of State

Certificate of Filing of All Documents

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: COMMUNE SERVICES, LLC

File Number: 199522810011
Registration Date: 08/16/1995
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA

All business entity documents recorded in this office for said entity are:

Document Type: FORMATION
File Date: 08/16/1995
Effective Date: 08/16/1995

Document Type: STATEMENT OF INFORMATION
File Date: 01/07/2008
Effective Date: 01/07/2008

Document Type: STATEMENT OF INFORMATION
File Date: 08/05/2013
Effective Date: 08/05/2013

Document Type: AMENDMENT
File Date: 07/01/2014
Effective Date: 07/01/2014
Entity Name Changed From:
JOIE DE VIVRE - ORCHARD HOTEL, LLC

*** ***** End of list *****

State of California
Secretary of State

Page 2 of 2

Re: 199522810011



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of January 22, 2015.

ALEX PADILLA
Secretary of State

Go to www.sos.ca.gov/business/be for information about ordering
a copy of a filed document. RYM

LLC-2

**Amendment to Articles of Organization
of a Limited Liability Company (LLC)**

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: Only fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
Secretary of State
State of California

JUL 01 2014

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

①

LLC's Exact Name (on file with CA Secretary of State)

Jole de Vivre - Orchard Hotel, LLC

②

LLC File No. (Issued by CA Secretary of State)

199522810011

Purpose

- ③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

- ④ Commune Services, LLC

Proposed LLC Name

The proposed new name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, Inc., corporation, or corp., insurer, or insurance company.

Management (Check only one.)

- ⑤ The LLC will be managed by:

☐ One Manager

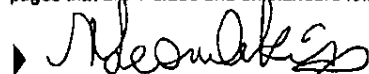
☐ More Than One Manager

☐ All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.



Sign here

Niki Leondakis

Print your name here

Manager

Your business title

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail

Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off

Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814