

m1300005394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

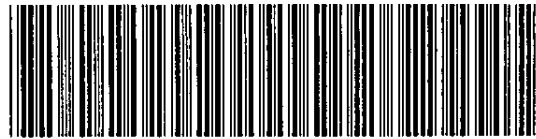
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280129013

RECEIVED
DEPARTMENT OF STATE
15 DEC 14 AM 11:45

FILED
2015 DEC 16 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2015

NATIONAL CORPORATE RESEARCH, LTD
DARIAN SHUMP

SUBJECT: WOODSPRING SUITES TALLAHASSEE FL EAST LLC
Ref. Number: M13000005394

We have received your document for WOODSPRING SUITES TALLAHASSEE FL EAST LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

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.

Certificate needs to have old name and new name

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 315A00026164

Date: 12/14/2015

Account #: I20000000088

Name: Darian Shump

Reference #: C014763

ENTITY NAME: VALUE PLACE TALLAHASSEE FL EAST LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Authorized Amount: 25.00

Signature: _____

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

Date: 12/16/2015

Account #: I20000000088

Name: Darian Shump

Reference #: C014763

ENTITY NAME: VALUE PLACE TALLAHASSEE FL EAST LLC

☐ Articles of Incorporation/Authorization to Transact Business

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☐ Change of Agent

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☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

RECEIVED
DEPARTMENT OF STATE
15 DEC 16 AM 11:10
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

PLEASE RETAIN ORIGINAL

FILE DATE

12/14/2015

Authorized Amount: _____

Signature:  _____

**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 TALLAHASSEE 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: M13000005394

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 08/22/2013

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

5. New name of the limited liability company: VALUE PLACE TALLAHASSEE 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

2015 DEC 14 A 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

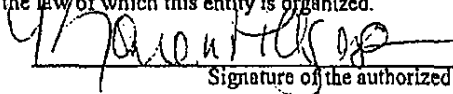
FILED

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.



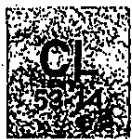
Signature of the authorized representative

Karen Pickens

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2015 DEC 14 A 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



KANSAS SECRETARY OF STATE
Limited Liability Company
Certificate of Amendment

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
 120 S.W. 10th Avenue kssos@sos.ks.gov
 Topeka, KS 66612-1594 www.sos.ks.gov

3953 02
 053 003
 \$35.00

FILED BY KS SOS
12-08-2015
4 04:00:39 PM
FILE#: 6970826



04303867

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).

6970826

2. Name of limited liability company

Must match name on record with Secretary of State.

WoodSpring Suites Tallahassee 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

[Handwritten Signature]

Month

Day

Year

Name of Signer (printed or typed)

Maren Pickens

Phone Number

316-630-5544

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: 6970826

Entity Name: VALUE PLACE TALLAHASSEE FL EAST LLC

Entity Type: DOM: LTD LIABILITY COMPANY

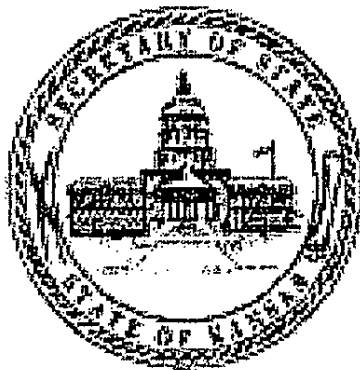
State of Organization: KS

Resident Agent: KAREN PICKENS

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

was filed in this office on July 29, 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 black ink that reads "Kris W. Kobach".

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 736274 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

**SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF**

WOODSPRING SUITES TALLAHASSEE FL EAST LLC

A LIMITED LIABILITY COMPANY

(WoodSpring Suites Tallahassee FL East LLC was originally
Organized by the filing of its Articles of Organization with
The Kansas Secretary of State on July 29, 2013)

IT IS HEREBY CERTIFIED that the following Second Amended and Restated Articles of Organization of WoodSpring Suites Tallahassee 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 Tallahassee FL East LLC.

Registered Office in Kansas

The address of the Company's registered agent in the State of Kansas is 8621 E. 21st 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. 21st Street North, Suite 250, Wichita, KS 67206.

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



of December 8, 2015
I hereby certify this to be a true and
correct copy of the original on file.
Certified to this date: 12/11/15
KANSAS SECRETARY OF STATE
Secretary of State

Karen Pickens
Karen Pickens