

M13000005399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

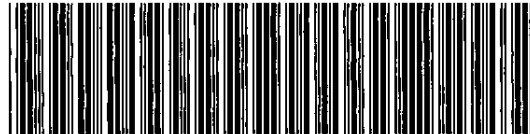
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 14 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Value Place Ocala FL Northeast 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:

Karen Pickens

Name of Person

WoodSpring Hotels

Firm/Company

8621 E. 21st Street North, Suite 250

Address

Wichita, Kansas 67206

City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Pickens

Name of Person

at (316) 630-5544

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

**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: Value Place Ocala FL Northeast 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: M13000005399

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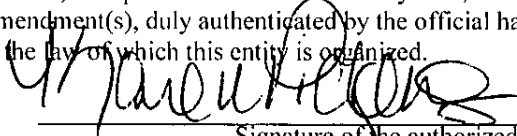
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Karen Pickens

Typed or printed name of signee

Filing Fee: \$25.00

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: 6970263

Entity Name: WOODSPRING SUITES OCALA 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 July 07, 2016

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 824054 - 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 (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

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\$35.00

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07-01-2016
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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).

6970263

2. Name of limited liability company

Must match name on record with Secretary of State.

Value Place Ocala FL Northeast 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

X

Month

Day

Year

Name of Signer (printed or typed)

Karen Pickens

Phone Number

(316) 630-5544

NR

**THIRD AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF**

**VALUE PLACE OCALA FL NORTHEAST LLC
A LIMITED LIABILITY COMPANY**

(Value Place Ocala FL Northeast 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 Third Amended and Restated Articles of Organization of Value Place Ocala FL Northeast 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 Third Amended and Restated Articles of Organization constitutes all of the Articles of Organization of the Company and does hereby supersede the company's Second Amended Articles of Organization as filed. This Third Amended and Restated Articles of Organization have 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 WoodSpring Suites Ocala LLC.

Registered Office in Kansas

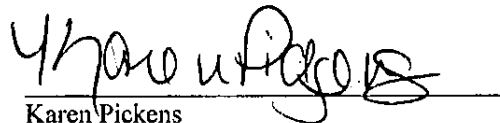
The address of the Company's registered office in the State of Kansas is 8621 E. 21st Street North, Suite 250, Wichita, KS 67206. The name of the resident agent at such address is Karen Pickens.

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 28 day of

June, 2016.


Karen Pickens



I hereby certify this to be a true and
correct copy of the original on file.
Certified on this date: 7-1-2016
KRIS W. KOBACH
Secretary of State 