

M14 0000 02650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

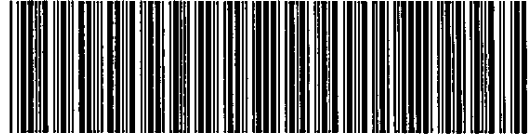
(Document Number)

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

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FILED  
16 JUL 12 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2016  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WoodSpring Suites Ft Lauderdale FL West - Davie 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: WoodSpring Suites Ft Lauderdale FL West - Davie 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: M14000002650

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 04/16/2014

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

5. New name of the limited liability company: WoodSpring Suites Fort Lauderdale 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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		_____	<input type="checkbox"/> Remove
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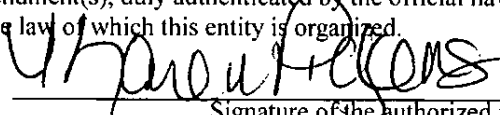
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		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having 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

SECRET  
16 JUN 12 14 09:41  
TALLAHASSEE, FLORIDA  
STATE  
ADD  
REMOVE



**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

3807 01  
053 004  
\$35.00

FILED BY KS SOS  
06-30-2016  
4 02:01:09 PM  
FILE#: 6958847



04539026

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).

6958847

**2. Name of limited liability company**

Must match name on record with Secretary of State.

WoodSpring Suites Ft Lauderdale FL West - Davie 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

Name of Signer (printed or typed)

Karen Pickens

Phone Number

(316) 630-5544

Month

Day

Year

06

27

2016

**SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION**

**OF**

**WOODSPRING SUITES FT LAUDERDALE FL WEST - DAVIE LLC**

**A LIMITED LIABILITY COMPANY**

(WoodSpring Suites Ft Lauderdale FL West - Davie LLC was originally  
Organized by the filing of its Articles of Organization with  
The Kansas Secretary of State on July 17, 2013)

IT IS HEREBY CERTIFIED that the following Second Amended and Restated Articles of Organization of WoodSpring Suites Ft Lauderdale FL West - Davie 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 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 Fort Lauderdale LLC.

**Registered Office in Kansas**

The address of the Company's registered office 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 27 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: 6-28-2016  
KRIS W. KOBACH  
Secretary of State 