

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0463006.06

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Michael G. Adams Kentucky Secretary of State Received and Filed:

6/18/2024 2:19 PM Fee Receipt: \$40.00

Amended Certificate of Authority (Foreign Business Entity)

www.sos.ky.go	V				
Pursuant to the	ne provisions of KF ehalf of the entity n	RS Chapter KRS 14A.9 - 040 th amed below and, for that purpos	ne undersigned herel	by applies for an amended certificate	; C
1. The busines	ss entity is:	profit corporation professional service corporation limited liability company professional limited liability com limited cooperative association other		nonprofit corporation. business trust limited partnership statutory trust non-profit LLC	
2. The name of	of the company is:	nTown Suites Management, Inc.			
	. , .	(The name must be identical to t	he name on record wi	th the Secretary of State.)	
3. It is an entity	y organized and ex	isting under the laws of the state	e or country of Georg	ia .	
4. The entity re	eceived authority to	transact business in Kentucky	on 04/20/1989		
5. The entity h	as changed its (che	ck all that apply)			
$\langle \times \rangle$		InTown Suites Management, LLC			
	Name to be used in Kentucky to				
	Jurisdiction of organization to				
	Period of duration				
\bowtie	Form of organization Limited Liability Company				
\bowtie	Management typ		☐ Manag	er managed	
6. This applica	tion will be effective	e upon filing.			
I declare under	r penalty of perjury	under the laws of the state of K	entucky that the foreg	going is true and correct.	
		General Partner of InTown MA	R HOldings, LP, Sol	e Member $05/29/2024$	
Signature of Auth	norized Representative	e Printed Name	Title	Date	

Division of Business Filings

P.O. Box 718

Frankfort, KY 40602 (502) 564-3490