

# M12000004344

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

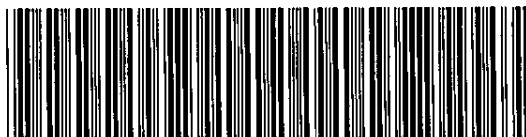
\_\_\_\_\_  
(Entity Name)

\_\_\_\_\_  
(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 11 PM 1:54  
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FILED  
2015 MAY 11 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAY 12 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 624346 4809148  
*Lydia Cohen*

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 11, 2015

ORDER TIME : 12:51 PM

ORDER NO. : 624346-005

CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: BRE/FL DEVELOPMENT PARCELS  
L.L.C.

☐ 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: Lydia Cohen -- EXT#

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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DIVISION OF CORPORATIONS  
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SUFFICIENCY OF FILING

15 MAY 18 PM 1:47

May 12, 2015

CSC  
LYDIA COHEN

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: BRE/FL DEVELOPMENT PARCELS L.L.C.  
Ref. Number: M12000004344

We have received your document for BRE/FL DEVELOPMENT PARCELS L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing form was submitted. This a Foreign LLC.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 015A00009893

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRE/FL Development Parcels L.L.C.

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:

Abigail Hotchkin

Name of Person

Hilton Worldwide, Inc.

Firm/Company

7930 Jones Branch Drive

Address

McLean, VA 22102

City/State and Zip Code

vera.stoicof@hilton.com

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

For further information concerning this matter, please call:

Abigail Hotchkin

Name of Person

at ( 703 ) 883-5732

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: BRE/FL Development Parcels L.L.C.
2. The Florida document number of this limited liability company is: M12000004344
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 8/1/2012

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

5. New name of the limited liability company: \_\_\_\_\_  
(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 office 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:

\_\_\_\_\_

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**TALLAHASSEE, FLORIDA**

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

Change in authorized persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>BRE/Wind Hotels Holding II L.L.C.</u>	<u>345 Park Avenue</u>	<input type="checkbox"/> Add
		<u>New York, NY 10154</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Anthony Beovich</u>	<u>345 Park Avenue</u>	<input type="checkbox"/> Add
		<u>New York, NY 10154</u>	<input checked="" type="checkbox"/> Remove
<u>Mgr</u>	<u>Joseph Berger</u>	<u>7930 Jones Branch Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>McLean, VA 22102</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Keith Clampet</u>	<u>7930 Jones Branch Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>McLean, VA 22102</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>W. Steven Standefer</u>	<u>7930 Jones Branch Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>McLean, VA 22102</u>	<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.

W. Steven Standefer  
Signature of the authorized representative  
W. Steven Standefer  
Typed or printed name of signer

Filing Fee: \$25.00