

M/5000009040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

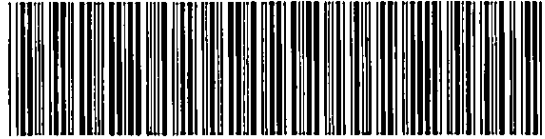
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700321025387

11/21/18--01015--005 **30.00

FILED
2018 NOV 21 PM 1:25
FBI - MEMPHIS

D. BRUCE
DEC 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WoodSpring Suites Orlando FL-Belle Isle 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:

Leslie Fowler

Name of Person

Brookwood Hotels

Firm/Company

8621 E 21st Street N, Ste 200

Address

Wichita, KS 67206

City/State and Zip Code

lfowler@brookwoodhotels.com

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

For further information concerning this matter, please call:

Leslie Fowler

Name of Person

at (316) 631-1369

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

FILED
2016 NOV 21 PM 1:26
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

**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 Orlando FL-Belle Isle 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: M15000009040

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 11/10/2015

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

5. New name of the limited liability company: BSREP II WS Orlando Belle Isle 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)(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
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<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

Laura Schoenberger

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: 7935695

Entity Name: BSREP II WS ORLANDO BELLE ISLE LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW Wanamaker Drive Suite 204, TOPEKA, KS 66614

was filed in this office on April 13, 2015, 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 November 19, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1085990 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/how/validate> and enter the certificate ID number.

CL

53-14

KANSAS SECRETARY OF STATE

Limited Liability Company

Certificate of Amendment

03

Kansas Office of the Secretary of State:Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov3695 17
053 003
\$35.00FILED BY KS SOS
10-15-2018
04:06:54 PM
FILE#: 7935695

05249596

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).

7935695

2. Name of limited liability companyMust match name on record
with Secretary of State.

WoodSpring Suites Orlando FL - Belle Isle LLC

3. The limited liability company amends its articles of organization as follows:

See Attached.

4. Future Effective dateMust 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)

Laura Schoenberger

Phone Number

(980) 368-8123

Month

Day

Year

10

03

2018

SECOND AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

WOODSPRING SUITES ORLANDO FL - BELLE ISLE LLC

A LIMITED LIABILITY COMPANY

(WoodSpring Suites Orlando FL - Belle Isle LLC was originally
Organized by the filing of its Articles of Organization with
The Kansas Secretary of State on April 13, 2015)

IT IS HEREBY CERTIFIED that the following Second Amended and Restated Articles of Organization of WoodSpring Suites Orlando FL - Belle Isle LLC (the "Company") which amend and restate 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 constitute all of the Articles of Organization of the Company and do hereby supersede the company's First Amended and Restated Articles of Organization as filed. These 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 BSREP II WS Orlando Belle Isle LLC.


Registered Office and Resident Agent in Kansas

The address of the Company's registered agent in the State of Kansas is 2900 SW Wanamaker Drive, Suite 204, Topeka, Kansas 66614. The name of the resident agent at such address is Corporation Service Company.

Mailing address for official mail

The mailing address of the Company's official mail in the State of Kansas is Brookwood Hotels, 8621 E. 21st Street North, Suite 200, Wichita, Kansas 67206.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed her name on this 3 day of
October _____, 2018.


Laura Schoenberger



I hereby certify this to be a true and
correct copy of the original on file.
Certified on this date: October 19, 2018
KRIS W. KOBACH
Secretary of State 