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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Division of Co				1-			
SUBJECT: WOO	dSpring Suites				_		
	Name of Foreign	i Limited Liabi	ility Compa	my			
Dear Sir or Madam:							
The enclosed applicat	ion, certificate and fee(s) a	re submitted for	or filing.				
Please return all corre	spondence concerning this	matter to the f	following:				
Leslie Fowle	r						
	Name of Person		-				
Brookwood H	Hotels						
	Firm/Company		•				
8621 E 21st	Street N, Ste 20	00					
	Address				. .	26i	
Wichita, KS	67206				=;	DITA NOV 21	
	City/State and Zip Code		,		3 A A	21	1
lfowler@brod	okwoodhotels.co	om					,
E-mail address: (to	be used for future annual	report notificat	ion)			PM 1: 2	
For further informatio	on concerning this matter, p	olease call:					
Leslie Fowle		_{at (} 316	, 631-1	1369			
Name	of Person	Area Code	& Daytime	e Telephone Numbe	Г		
Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle		Registra Divisior P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 assee, Florida 32314			
Enclosed is a check f ☐ \$25 Filing Fee	or the following amount: \$30 Filing Fee & Certificate of Status	S55 Fili Certified	_	S60 Filing Fee Certificate of Certified Cop	Status &	ż	

CR2E055 (9/15)

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 appear	s on the records of the Florida Dep	artment of
State: WoodSpring Suites Deerfie	ld Beach LLC	<u> </u>
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ibility company is: M1600000	7855
3. Jurisdiction of its organization: Kansas		MIN HOY 21
4. Date authorized to do business in Florida: 9/3	0/2016	
SECTION II (5-9 complete only the applicable of the limited liability company: B (mus	changes) SREP II WS Deerfield Be t contain "Limited Liability Compa	each LLC
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mai must contain "Limited Liability Company," "L.I., C	naging members adopting the alteri	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida S.	treet Address
	City.	. Florida
	City	zip Code

New Registered Agent's Signature, it'changing Registered Agent:

Thereby 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.

le/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remov
			Remov
			Signal Remove
			Add
			Remove
			Add
			Remove

Filing Fee: \$25.00

Typed or printed name of signee

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: 8111908

Entity Name: BSREP II WS DEERFIELD BEACH 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 November 05, 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: 1085954 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/yalidate and enter the certificate ID number.

KANSAS SECRETARY OF STATE **Limited Liability Company Certificate of Amendment** 53-14 03 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 This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filling. Business entity ID number Not Federal Employer ID

3695 FILED BY KS SOS **953** 003 10-15-2018 \$35.00 04:07:10 PM FILE#: 811190B

Number (FEIN). 8111908 2. Name of limited liability company Must match name on record WoodSpring Suites Deerfield Beach LLC with Secretary of State. The limited liability company amends its articles of organization as follows: See Attached. Month Year **Future Effective date** ■ Upon filing Future effective date: Must be within 90 days of filing date. 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. Day Month , Year 10 03 2018 Name of Signer (printed or typed) Laura Schoenberger Phone Number (980) 368-8123

FIRST AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

WOODSPRING SUITES DEERFIELD BEACH LLC

A LIMITED LIABILITY COMPANY

(WoodSpring Suites Deerfield Beach LLC was originally Organized by the filing of its Articles of Organization with The Kansas Secretary of State on November 5, 2015)

IT IS HEREBY CERTIFIED that the following First Amended and Restated Articles of Organization of WoodSpring Suites Deerfield Beach 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 First Amended and Restated Articles of Organization constitute all of the Articles of Organization of the Company and do hereby supersede the company's Articles of Organization as filed. These First 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 Deerfield Beach 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.

I hereby cortify this to be a true and correct copy of the original on file. Certified on this date: (Netaber: KRIS W. KOBACH

Secretary of State Find