

M16000007855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

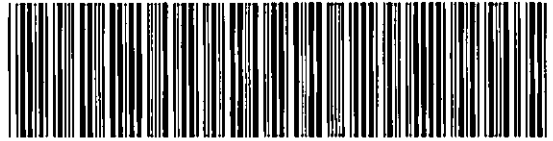
(Business Entity Name)

(Document Number)

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

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D. BRUCE  
DEC 03 2018

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WoodSpring Suites Deerfield Beach 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)

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TALLAHASSEE, FLORIDA  
FILING OFFICE

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

**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 Deerfield Beach 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: M16000007855

3. Jurisdiction of its organization: Kansas

4. Date authorized to do business in Florida: 9/30/2016

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

5. New name of the limited liability company: BSREP II WS Deerfield Beach 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*

\_\_\_\_\_  
City Florida 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

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TALLAHASSEE FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

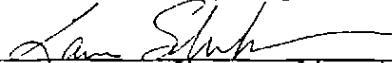
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<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
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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

**Laura Schoenberger**  
 \_\_\_\_\_  
 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

A handwritten signature in black ink that reads "Kris W. Kobach". The signature is written in a cursive, flowing style.

**KRIS W. KOBACH**  
**SECRETARY OF STATE**


Certificate ID: 1085954 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

**CL** KANSAS SECRETARY OF STATE  
**53-14** Limited Liability Company  
 Certificate of Amendment  
 03

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**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

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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).

8111908

2. **Name of limited liability company**  
 Must match name on record with Secretary of State.

WoodSpring Suites Deerfield Beach 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 *Laura Schoenberger*      Month: 10      Day: 03      Year: 2018

Name of Signer (printed or typed): Laura Schoenberger

Phone Number: (980) 368-8123

*MM*

**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. 21<sup>st</sup> 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 15, 2018  
KRIS W. KOBACH  
Secretary of State 