M16000008759

| (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: | | | | |
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Office Use Only



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COVER LETTER

TO:

CR2E055 (9/15)

Registration Section

Division of Corporations SUBJECT: WoodSpring Suites West Melbourne I-95 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 Ifowler@brookwoodhotels.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leslie Fowler 、631-1369 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee ■ \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee. Certificate of Status Certified Copy 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 West Me | elbourne I-95 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) | | |
| 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: M16000008759 3. Jurisdiction of its organization: Kansas 4. Date authorized to do business in Florida: M16000008759 5. New name of the limited liability company: BSREP II WS West Melbourne I-9 (must contain "Limited Liability Company," "L.L. If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida (purpose) of the written consent of the managers or managing members adopting the alternate name. In the name of the managers of managing members adopting the alternate name. In the 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 office address here: | 11 NOV 21 | |
| 3. Jurisdiction of its organization: Kansas | | |
| 4. Date authorized to do business in Florida: 10/3 | 31/2016 | |
| | | • |
| 5. New name of the limited liability company: BS (must) | SREP II WS West Melbourne I-99 contain "Limited Liability Company," "L.L.C | 5 LLC C.," or "LLC.") |
| copy of the written consent of the managers or mana | aging members adopting the alternate name. | rida and attach a The alternate name |
| | | ne of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | <u></u> |
| | Enter Florida Street Addres | |
| | 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.

| le/ Capacity | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | Add |
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| | | | Remove |

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: 8190324

Entity Name: BSREP II WS WEST MELBOURNE I-95 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 February 02, 2016, 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: 1086034 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

KANSAS SECRETARY OF STATE **Limited Liability Company Certificate of Amendment** Kansas Office of the Secretary of State: (785) 296-4564 Memorial Hall, 1st Floor 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 filing. **Business entity ID** number Not Federal Employer ID 8190324 Number (FEIN),

3695 19 FILED BY KS SOS 053 003 10-15-2018 \$35.00 04:07:22 PM FILE#: 8190324 05249598

Name of limited liability company Must match name on record with Secretary of State. WoodSpring Suites West Melbourne I-95 LLC 3. The limited liability company amends its articles of organization as follows: See Attached. 1 Day **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 5. that I have remitted the required fee. Day 03 2018 10 Name of Signer (printed or typed) Laura Schoenberger Phone Number (980) 368-8123

FIRST AMENDED AND RESTATED ARTICLES OF ORGANIZATION

OF

WOODSPRING SUITES WEST MELBOURNE I-95 LLC

A LIMITED LIABILITY COMPANY

(WoodSpring Suites West Melbourne I-95 LLC was originally Organized by the filing of its Articles of Organization with The Kansas Secretary of State on February 2, 2016)

IT IS HEREBY CERTIFIED that the following First Amended and Restated Articles of Organization of WoodSpring Suites West Melbourne I-95 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 originally 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 West Melbourne I-95 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 <u>3</u> day of October , 2018.

I hereby certify this to be a true and correct copy of the original on file.

Cortified on this date: Detable: 15, 30/6

KRIS W. KOBACH

Cortified on the date: Market 15, 30/6

Laura Schoenberger