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DIVISION OF CORPORATIONS

O SIMMONS JUN 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations	5
SUBJECT:	GRW, LTD
	Limited Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amo	endment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to:
Terrence F	
Contact Po	
Law Offices Thor	
Firm/Com	pany
9986 Manchester I	· · · · · · · · · · · · · · · · · · ·
Addre	3S
St. Louis, M	O 63122
City, State and	
terrymoffitt@sb	cglobal.netg
E-mail address: (to be used for fi	
For further information concern	ing this matter, please call:
Terrence F. Moffit	at (<u>314</u>) <u>878-5999</u>
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the follo	wing amount:
\$52.50 Filing Fee \$61.25 F and Certific Status	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	1 analasso, 1 15 52511

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

Gl	RW, LTD
	file with Florida Department of State
limited liability limited partnership, whose certif	Florida Statutes, this Florida limited partnership or ficate was filed with the Florida Department of State on lorida document number
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the	limited partnership or limited liability limited partnership
<u>here</u> :	9.45 T
New name must be distinguis	shable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partners. Acceptable Limited Liability Limited Partnership suffixes:	shable and contain an acceptable suffix. ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or regis	stered office address on our records, enter the name of the fice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

City

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.

If Changing	Registered Ag	ent, Signature	of New	Registere	d Agent

D.	If amending the	general	partner(s),	<u>enter</u>	the name	e and	business	add ress	of eac	h general	partner	being
<u>add</u>	ed or removed fr	om our	records:									

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>	Thomas R. Green dec'd	9986 Manchester Road Suite 200 St. Louis, MO 63122	Add Remove
	Thomas R. Green Trust	9986 Manchester Road Suite 200 St. Louis, MO 63122	FILEU Add PRemove Add Remove Add Remove Add
			Add PHIZ: 24
.,,			Add Remove
			Add Remove
			Add Remove
	partnership or limited liabilit ip" status, enter change here:	y limited partnership is amer	nding its "limited liability

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

		
		-
Effective date, if other than the date	te of filing:	
Effective date cannot be prior to nor mostate.)	re than 90 days afte	partners*:
Signature(s) of a general partne	r or all general	partners*:
	nership" election st	ign this document unless the limited partnership is adding a statement. Chapter 620, F.S., requires all general partners to s
	•	
-		
Signature(s) of all new or dissoci	iating general p	partner(s), if any:
5 G		THOMAS R. GREEN TRUST
nomas R, Green, the for ole general partner is		By for le Please
-		KAROLE R. GREEN, Trustee
		LINDA G. RENNER, Trustee
		EINDI G. KEMELY 114000
	_	
	· · · · · · · · · · · · · · · · · · ·	
Filing Fee:	\$52.50 \$53.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	