

A13000000185

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)222-1092
 Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC 12 AM 10:32

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
BHG ST. MARTINS PL, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

**C. LEWIS
DEC 13 2013
EXAMINER**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BHG St. Martins Pl, Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anne Walker
Contact Person

Firm/Company

720 Olive Street, Suite 2500
Address

Saint Louis MO 63101
City, State and Zip Code

anne.walker@mccormackbaron.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Walker (314) 335-2946
Name of Contact Person *Area Code and Daytime Telephone Number*

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
 \$61.25 Filing Fee and Certificate of Status
 \$105.00 Filing Fee and Certified Copy
 \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BHG St. Martins Pl, Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 4/5/2013 assigned Florida document number A13000000185 adopts the following certificate of amendment to its certificate of limited partnership.

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 here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address: 720 Olive Street, Suite 2500
(Must be STREET address) St. Louis, MO 63101

New Mailing Address: 720 Olive Street, Suite 2500
(May be post office box) St. Louis, MO 63101

C. If amending the registered agent and/or registered office 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road
Enter Florida street address

Plantation, Florida 33324
City Zip Code

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TALLAHASSEE, FLORIDA

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.

Katherine Lackey

If Changing Registered Agent, Signature of New Registered Agent
Katherine Lackey-Aust. Sec.

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGP</u>	<u>St. Martin's Place MBS GP, Inc.</u>	<u>720 Olive Street, Suite 2500</u> <u>St. Louis, MO 63101</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGP</u>	<u>St. Martin's Place MBS GP, Inc.</u>	<u>135 San Lorenzo, Suite 800</u> <u>Coral Gables, FL 33146</u>	<input type="checkbox"/> Add <input checked="" 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

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

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

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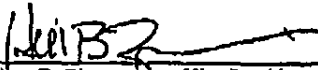
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing:
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)


Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



Hillary B. Zimmerman, Vice President of
St. Martin's Place MBS GP, Inc.

Signature(s) of all new or dissociating general partner(s), if any:



Hillary B. Zimmerman, Vice President of
St. Martin's Place MBS GP, Inc.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75