

9/30/22, 12:57 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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SECRETARY OF STATE
TALLAHASSEE, FL

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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.****

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
SOUTHWARD VILLAGE PHASE 2, LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

C. BRUMBLEY
OCT - 4 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

Southward Village Phase 2, LP

Insert name currently on file with Florida Department of State

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 2022 SEP 30 AM 10:07
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 February 17, 2022, assigned Florida document number A22000000099, 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 LLP.

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

New Principal Office Address: 100 N Broadway
(Must be STREET address) Suite 100
St. Louis, MO 63102

New Mailing Address: 100 N Broadway
(May be post office box) Suite 100
St. Louis, MO 63102

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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.

If Changing Registered Agent, Signature of New Registered Agent

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>GP</u>	<u>Fort Myers Redevelopment, LLC</u>	<u>720 Olive Street</u>	<input type="checkbox"/> Add
		<u>Suite 2500</u>	<input checked="" type="checkbox"/> Remove
		<u>Saint Louis, MO 63102</u>	
<u>GP</u>	<u>MBS Fort Myers Redevelopment Corporation</u>	<u>100 N Broadway</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 100</u>	<input type="checkbox"/> Remove
		<u>Saint Louis, MO 63102</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
		<u>_____</u>	

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.)*

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

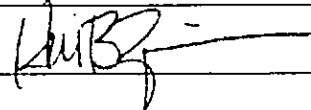
(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership"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

Fort Myers Redevelopment, LLC

MBS Fort Myers Redevelopment Corporation

its Sole Member

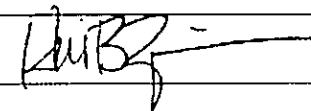
Hillary B. Zimmerman, Vice President



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

MBS Fort Myers Redevelopment Corporation

By: Hillary B. Zimmerman, Vice President



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