

Florida Department of State
Division of Corporations
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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

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADDISON PLACE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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10 AUG -5 PM 12:52

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

10 AUG -5 AM 9:37

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADDISON PLACE, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANNE E. WALKER

Name of Person

MCCORMACK BARON SALAZAR, INC.

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 E. WALKER

Name of Person

at (314)

335-2946

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ADDISON PLACE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 26, 2002 and assigned
Florida document number L02000004977

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

720 OLIVE STREET, SUITE 2500

SAINT LOUIS, MO 63101

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

720 OLIVE STREET, SUITE 2500

SAINT LOUIS, MO 63101

B. 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

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 as provided for in Chapter 608, 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.

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

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

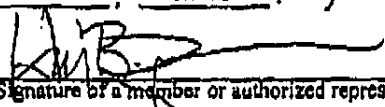
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>MBS GP 176, L.L.C.</u>	<u>720 OLIVE STREET, SUITE 2500</u> <u>ST. LOUIS, MO. 63101</u>	☒ Add ☐ Remove
<u>MGRM</u>	<u>Nantahalla Addison, LLC</u>	<u>2002 SUMMIT BLVD, SUITE 1000</u> <u>ATLANTA, GA 30319</u>	☐ Add ☒ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove
<u> </u>	<u> </u>	<u> </u>	☐ Add ☐ Remove

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

Dated AUGUST 4, 2010)


Signature of a member or authorized representative of a member

HILLARY B. ZIMMERMAN, VP OF SOLE MEMBER OF MBS GP 176, L.L.C.

Typed or printed name of signee