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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MM BHG ST. MARTIN'S PLACE, LLC**

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OCT 08 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM BHG St. Martin's 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:

David S. Lang

Name of Person

Rosenblum Goldenhersh, P.C.

Firm/Company

7733 Forsyth Boulevard, Suite 400

Address

St. Louis, Missouri 63105

City/State and Zip Code

ganderson@bhgus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David S. Lang

314 726-6868

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

MM BHG St. Martin's 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 April 4, 2013 and assigned
Florida document number L13000049905.

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 contain 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)

780 NE 69th Street

Apartment 2402

Miami, Florida 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

780 NE 69th Street

Apartment 2402

Miami, Florida 33138

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:

Eugenia Anderson

New Registered Office Address:

780 NE 69th Street, Apartment 2402

Enter Florida street address

Miami

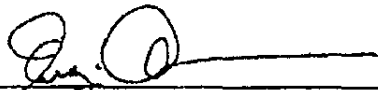
City

Florida 33138

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.



If Changing Registered Agent, Signature of New Registered Agent

10/7/2015 3:42:09 PM From: To: 8506176383(4/5)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BHG Development Group, LLC	135 San Lorenzo Ave, Suite 810	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MDES IRREVOCABLE TRUST	780 NE 69th Street, Apt 2402	<input checked="" type="checkbox"/> Add
		Miami, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

五

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated October 6, 2015

Eugene P., Trustee
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Eugenia Anderson, Trustee of the MDES Irrevocable Trust

Typed or printed name of signee