

Division of Corporations

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**L130000 49914**

**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

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

**Email Address:** \_\_\_\_\_

13 DEC 12 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BHG ST. MARTIN'S PLACE DEVELOPERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**C. LEWIS**

DEC 13 2013

**EXAMINER**

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BHG St. Martin's Place Developers, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Anne Walker

Name of Person

BHG St. Martin's Place Developers, LLC

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 Person

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

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13 DEC 12 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BHG St. Martin's Place Developers, 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 4/4/2013 and assigned  
Florida document number L13000049914.

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 "LLC."

Enter new principal offices address, if applicable:

720 Olive Street, Suite 2500

(Principal office address MUST BE A STREET ADDRESS)

St. Louis, MO 63101

Enter new mailing address, if applicable:

720 Olive Street, Suite 2500

(Mailing address MAY BE A POST OFFICE BOX)

St. 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:

C T Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

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 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 Luckey*

If Changing Registered Agent, Signature of New Registered Agent

**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>
MGRM	McCormack Baron Salazar, Inc.	720 Olive Street, Suite 2500	<input checked="" type="checkbox"/> Add
		St. Louis, MO 63101	<input type="checkbox"/> Remove
MGRM	McCormack Baron Salazar, Inc.	135 San Lorenzo Avenue, Suite 820	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<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

12/12/2013 13:47:58 From: To: 8506176383

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AND  
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( 5/5 )

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TALLAHASSEE, FLORIDA

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

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Dated December 12, 2013.



Signature of a member or authorized representative of a member

Hillary B. Zimmerman, Vice President of McCormack Baron Salazar, Inc.

Typed or printed name of signee

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Filing Fee: \$25.00