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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) 205-8842  
Fax Number : (850) 878-5368

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

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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ST. MARTINS PLACE MM PARTNERS, LLC**

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

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J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: St. Martin's Place MM Partners, 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

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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TALLAHASSEE, FLORIDA

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

St. Martin's Place MM Partners, 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 August 22, 2013 and assigned Florida document number L13000119259.

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

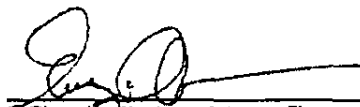
Florida 33138

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 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

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

Title	Name	Address	Type of Action
MGR	BHG Development Group, LLC	5301 Rivera Drive	<input type="checkbox"/> Add
		Coral Gables, FL 33147	<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
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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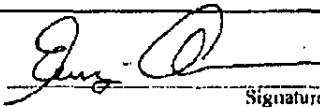
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 6, 2015

 Trustee  
Signature of a member or authorized representative of a member

Eugenia Anderson, Trustee of the MDES Irrevocable Trust  
Typed or printed name of signer