

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
2401 NW, LLC**

Certificate of Status	0
Certified Copy	0
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15 JAN 20 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Help
JAN 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2401 NW, 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

Area Code

335-2946

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

2401 NW, 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 10/24/2013

Florida document number L13000150052

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

City

Florida 33324

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.

Katherine Lackey

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MMBR	2401 NW MBS MEMBER, INC.	720 OLIVE STREET, SUITE 2500	<input checked="" type="checkbox"/> Add
		SAINT LOUIS, MO 63101	<input type="checkbox"/> Remove
MBR	MBS ILP, INC.	720 OLIVE STREET, SUITE 2500	<input checked="" type="checkbox"/> Add
		SAINT LOUIS, MO 63101	<input type="checkbox"/> Remove
MGRM	EUGENIA ANDERSON	135 SAN LORENZO AVENUE	<input type="checkbox"/> Add
		SUITE 820	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33148	
MGRM	MM 2401, LLC	135 SAN LORENZO AVENUE	<input type="checkbox"/> Add
		SUITE 820	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33146	

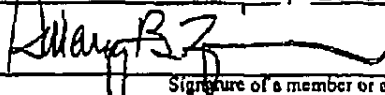
15 JAN 20 PM 4:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JANUARY 16, 2015.



Signature of a member or authorized representative of a member

HILLARY B. ZIMMERMAN

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA