# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIBRALTAR 2401 DEVELOPERS, LLC

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Registration Section
Division of Corporations

TO:

#### **COVER LETTER**

SUBJECT: GIBRALT.	AR 2401 DEVELOPER	S, LLC			
		d Liability Company			
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.			
Please return all correspon	dence concerning this matter to	the following:			
	ANNE E. WALKER				
		Name of Person			
	MCCORMACK BARC	N SALAZAR, INC.			
		Firm/Company	····		
	720 OLIVE STREET, SUITE 2500				
		Address	<del></del>		
	SAINT LOUIS, MO 63	3101			
		City/State and Zip Cods	<del></del>		
	ANNE.WALKER@MC	CORMACKBARON, COM  be used for future annual report notifical	· · · · · · · · · · · · · · · · · · ·		
	E-mail address: (10	be used for future annual report notifical	tion)		
For further information co	ncerning this matter, please cal	l:			
ANNE E. WALKER		<sub>3,7</sub> 314 \ 335-2946			
Name of	Person	at (314 ) 335-2946 Area Code Daytime Te	elephone Number		
Enclosed is a check for the	e 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 Tallahassec, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C. (A Florida Lim	omnany as it now appears on our records.) ited Lisbility Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L13000150072		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		₹s →
The new name must be distinguishable and end with the words "Limited	Lisbility Company," the designation "LLC" or the	abbreviation 1.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	S)	SS TO
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		0.F 0
B. If amending the registered agent and/or registered agent and/or the new registered office address		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
**************************************	, Florida	
	City	Zip Code
Now Designated Assetts Signature If shoughts Designated to	Tamt.	

#### 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

MGR = Manager

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:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action **GIBRALTAR** CORRECT TITLE MBR 135 SAN LORENZO AVENUE DEVELOPMENT bbA 🖾 PARTNERS, LLC SUITE 800 Remove CORAL GABLES, FL 33146 **GIBRALTAR MBR** 135 SAN LORENZO AVENUE DEVELOPMENT □ Add PARTNERS, LLC **SUITE 820** ■ Remove (DUPLICATE ENTRY CORAL GABLES, FL 33146 SWITH INCORRECT ADDRESS! JAN **⊟** Add 4777 SSI 26 Remove STATE FLORIDA -50 DAA 🗖 ☐ Remove □ Add \_□ Remova CI Remove

. If amending any other information, enter cl	hange(s) here:	(Attach additional sheets,	if necessary.)
Effective date, if other than the date of filling (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	te of receipt or file	d date and cannot be more than s	(optional) 0 days after
Dated JANUARY 26	2015		
HILLARY B. ZIMMERMAN	member or authori	zed representative of a member	
to the second se	Typed or printed	name of signee	

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Filing Fee: \$25.00

15 JAN 26 PM L: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIGA