(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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## COYER LETTER

	vision of Corp			·
SUBJECT:	-	Dell Park Parnters, LLC		
SUBJECT:	·	Name of Limi	ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		Christina Ott		
			Name of Person	
		Gardner Capital		
			Firm/Company	
		4803 South National Ave,	Ste 200	
			Address	
		Springfield, MO 65810		
			City/State and Zip Code	
		cott@gardnercapital.com		
		E-mail address: (1	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Chrisitna O	ett	_	417 447-5517	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sanctuary at Dell Park Parners, LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our Liability Company)	· records.)			
The Articles of Organization for this Limited Liability Company Florida document number L15000003094	were filed on $\frac{1-7-2015}{}$	and assigned			
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
Sanctuary at Dell Park Development Partners, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		16 NO			
		V 30 AH  OF CON TOP			
Enter new mailing address, if applicable:		) <u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)					
		<i></i>			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, <u>enter the name of the nev</u>			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete					

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Type of Action			
MGR	Martin W. Moore	8000 Maryland Ave, Suite 910	□ Add			
		Clayton, MO 65810	■ Remove			
			Change			
MGR	Sanctuary at Dell Park GP, LLC	4803 South National Ave, Ste 200				
		Springfield, MO 65810	□ Remove			
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Effect	tive date, if o	ther than t	he date of fi	ling:				(option	al)		
lf an ef Note:	Mective date is light of the date in the date in the ment's effective.	sted, the date n serted in this	nust be specific block does ne	and cannot be of meet the a	prior to date o	of filing or m tutory filin	ore than 90 g requirem	days after fil	ling.) Pursu	ont to 605.02 ot be listed	207 (3 as th
	cord specifi e 90th day a				ıt not an e	ffective t	ime, at	12:01 a.r	m. on th	ne earlier	of:
Dat <del>e</del> d	N 4	30	ゼ	<u>, 20</u>	16.						
		<u></u>			r authorized re						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00