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(Requestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor		W .	
SUBJECT: Silver Poi	nte GP, LLC	had tinkling Commons	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mandi Paswaters		
		Name of Person	
	Gardner Capital		
		Firm/Company	
	4803 S. National Ave., Suit	e 300	
		Address	
	Springfield, Missouri 65810	n	
		City/State and Zip Code	
	mpaswaters@gardnercapital.c		• • •
	·	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Mandi Paswaters		at (417) 447-4625	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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



SILVER POINTE GP, LLC

2019 CCT - 1 PM 12: 15

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000151173	were filed on September 3, 2015 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4803 S. National Ave., Suite 300	
(Principal office address MUST BE A STREET ADDRESS)	Springfield, Missouri 65810	
Enter new mailing address, if applicable:	4803 S. National Ave., Suite 300	
(Mailing address MAY BE A POST OFFICE BOX)	Springfield, Missouri 65810	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. 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:

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Adam C. Horton		□ Add
		1414 E. Primrose Street, Suite 100	
		Springfield, Missouri 65804	■ Remove
MGR Martin W. Moore	8000 Maryland Ave., Suite 1300 Clayton, Missouri 63105	■ Add	
			
			Remove
			Change
MGR	Ava Goldman	8000 Maryland Ave., Suite 1300 Clayton, Missouri 63105	
			□ Remove
			Change
			Remove
			Change
		□ Remove	
			☐ Change
	 		Add
			□ Remove
			☐ Change

II AMED	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Note: I	tive date, if other than the date of filing: (optional) (ive date is listed, the date trust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at 's effective date on the Department of State's records.
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
Dated _	Angrit 21 2019 GC MM Florida Holdings, Inc.
	Signature of a member or authorized representative of a member
	Martin W. Moore, Vice President Typed or printed name of signee

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Filing Fee: \$25.00