

L15000151173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

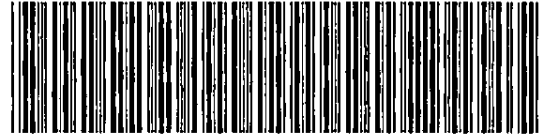
(Business Entity Name)

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20 JAN 27 PM 1:13

FEB 22 2023
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silver Pointe GP, LLC
Name of Limited Liability Company

20 JAN 27 PM 1:13
TALLAHASSEE, FL 32303
DIVISION OF CORPORATIONS
REGISTRATION SECTION

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mandi Paswaters

Name of Person

Gardner Capital, Inc.

Firm/Company

8000 Maryland Ave., Suite 1300

Address

Clayton, Missouri 63105

City/State and Zip Code

mpaswaters@gardnerecapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mandi Paswaters

417 447-4625
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUL 27 PM 1:13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

St. Louis, Missouri 63105

St. Louis, Missouri 63105

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Martin W. Moore	8000 Maryland Ave., Suite 1300	<input type="checkbox"/> Add
		Clayton, MO 63105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph J Chambers	205 E. Central Blvd., Suite 304	<input type="checkbox"/> Add
		Orlando, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ava Goldman	8000 Maryland Ave., Suite 1300	<input type="checkbox"/> Add
		Clayton, Missouri 63105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00