# LI5000184984

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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FILED
2016 NOV 14 P 2: 2:
TALLAHASSEE FINANCE

D. BRUCE NOV 15 2016



## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	brest Development Partners, LLC	
	Name of Limited Liability Company	
The analoged Articles of	of Amendment and fee(a) are submitted for filing	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Christina Ott	
	Name of Person	
	Gardner Captial	
	Firm/Company	
	4803 S. National Avenue, Suite 200	
	Address	
	Springfield, MO 65810	
	City/State and Zip Code	
	cott@gardnercapital.com  E-mail address: (to be used for future annual report notification	TECRET
For further information	concerning this matter, please call:	ZOIG NOV ILL F SECRETARY OF ALLAHASSEE, F
Christina Ott	417 447-5517 at ( )	
Name	of Person Area Code Daytime Telep	phone Number 2
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 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

Hidden Forest Development Partners, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vibration of Company vibration $\frac{L15000184984}{L15000184984}$ .	ability Company were filed on 10/30/2015	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Royal Grove Apartments Development Partners, LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:	LEC:	
(Principal office address MUST BE A STREET ADDRESS)		
	भू दिन्हें । स	TO THE
Enter new mailing address, if applicable:		$\sim$
	(3)	3
(Mailing address MAY BE A POST OFFICE BOX)	>	
B. If amending the registered agent and/or registered office address here:	ice address on our records, enter the	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	. Florida	
·		ip Code
New Pagistared Agent's Signature if shanging Degistered Agents		

#### 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	Martin W. Moore	8000 Maryland Avenue, Suite 910	■ Add
		Clayton, MO 63105	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			TALLAHASSEE. FL
			Adio Adio Remove
			□ Change
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Effective	e date, if other than	the date of fili	ing:	1 001	.1 00	_ (option	al)		
Note: If	tive date is listed, the date the date inserted in thi	s block does no	t meet the app	licable statutory	g or more than 90 o filing requireme	ents, this d	ng.) Pursu ate will no	ant to 605.02 of be listed	as
documer	nt's effective date on th	e Department o	f State's recor	ds.					
he reco	rd specifies a dela	ved effective	a data but i	not an effect	ive time at 1	2.01 = 0	on th	a carlier	of
	Oth day after the			iot an enect	ive dille, at 1	.2.U1 a.II	1. 011 611	e carrier	ΟI
λ.	November 10		2016						
Dated _	VOVEINDEL 10		_,	•					
Dated									

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00