## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONOGRAM RESIDENTIAL MARK, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

S. WARREN

OCT 0 2 2017

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Department of	
State: Monogram Residential Mark, LLC		
Enter new principal office address, if applicable:	18 Broad Street, Suite 300	
(Principal office address MUST BE A STREET ADDRESS)	Charleston, SC 29401	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M15000005867	
Jurisdiction of its organization: Delaware     Delaware     Delaware     Delaware     Delaware	4/2015	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.	Z.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C.	maging members adopting the atternate name.	ride and attacked The alternate mane TO TO
6. If amending the registered agent and/or registered registered agent and/or the new registered office and	ddress here:	ne of Me heav
Name of New Registered Agent: C T Corporation	ı System	<u></u>
New Registered Office Address: 1200 South Pine		23 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25
Pla	Enter Florida Street Addres	-
	City, Florida	Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the lift of the company has been notified in writing of the lift of the	ent and agree to act in this capacity. I further a r and complete performance of my duties, and i tered agent as provided for in Chapter 605, F.S t in the registered affice address, I hereby confi	am familiar with S. Or, if this irm that the limited

Laura Broderick Assistant Secretary

	nent changes person, title or capacoshua Curper as authorized person.	city in accordance with 605.9902 (1)(e), indi	cate that change:
Title/ Capacity	<u>Name</u>	Address	Type of Action
Vice President A. Joshua Carper A. Joshua Carper		18 Broad Street, Suite 300, Charlesto	on, SC 29401 X Add
		* -	Remove
			Add
			Remove
			□Add
			Remove
<del></del>			Add
			Remove
		Add	
			Remove
aforemention	mder the law of which this entity	cated by the official having custody of records or care and constant of the authorized representative	7 SEP 29
		I or printed name of signee	
		Filing Fee: \$25.00	ONID ONID

# <u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MONOGRAM RESIDENTIAL

MARK, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "GS MARK, LLC" ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2017,

AT 7:28 O'CLOCK P.M.



5784462 8320 SR# 20176403009 Authentication: 203316547 Date: 09-29-17

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