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:

Email Address:

Account Name : NICI LAW FIRM, P.L.

Account Number : I20110000008 Phone : (239) 449-6150 Fax Number : (877)646-0560

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

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SARASOTA CAPITAL, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50



CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

SARASOTA CAPITAL, LP		
Insert name currently on	file with Florida Department of State	
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi 02/19/2020, assigned F	ficate was filed with the Florida D orida document number A2000000	epartment of State on 6079
adopts the following certificate of amendment to	its certificate of limited partnersl	up.
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the here:	limited partnership or limited liab	ility limited partnership
New name must be distingui	shable and contain an acceptable suffix.	
Acceptable Limited Partnership suffices: Limited Partner Acceptable Limited Liability Limited Partnership suffixes		L.L.L.P. or LLLP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, <u>enter new m</u>	ailing address and/or
New Principal Office Address:	2601 South Tamiami Trail	
(Must be STREET address)	Sarasota, Fl. 34239	
New Mailing Address: (May be post office box)	2601 South Tamiami Trail Sarasota, FL 34239	
C. If amending the registered agent and/or registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	2021
	Enter Florida street addre. , Florida	
	City	Zup Code 📆 " 🔥

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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.

It Changing Registered Agent, Signature of New	Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
GP	Sarasota Capital Advisors, LLC	2601 South Tamiami Trail Sarasota, FL 34239	_
			_
			☐ Add ☐ Remove
			□ Add □ □ Remove
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited Partnersh	p hereby elects to be a "Limited Liability Limited Partn	iership."

☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

JLED

\$52.50

\$52.50

\$8.75