Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000372207 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

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. **

Email	Address:		
-------	----------	--	--

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION SARASOTA CAPITAL 2, LP

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

OCT - 6 2021

S. PRATHER

Page: 14

	TE OF AMENDMEN' TO LIMITED PARTNE OF		ARY OF STATE
SARASOTA CAPITAL 2, LP	· · · · · · · · · · · · · · · · · · ·		
Insert name currently on	file with Florida Departmen	n of State	
	ficate was filed with th lorida document number	e Florida Department o er A20000000569	
adopts the following certificate of amendment to	o its certificate of limit	ed partnership.	
This amendment is submitted to amend the following	;:		
A. If amending name, enter the new name of the here:	limited partnership or	limited liability limited	<u>partnership</u>
New name must be distingui	shable and contain an accep	nable suffix.	
Acceptable Limited Partnership suffixes; Limited Partner Acceptable Limited Liability Limited Partnership suffixes			LP.
B. If amending mailing address and/or principal office address here:	cipal office address, <u>er</u>	iter new mailing addr	ess and/or
New Principal Office Address:	2601 South Tamiami T	rail	
(Must be STREET address)	Sarasota, FL 34239		<u> </u>
N. A. W. A. I.	2601 South Tamiami T	:1	_
New Mailing Address: (May be post office box)	Sarasota, FL 34239	[43]	-
			_
C. If amending the registered agent and/or registered agent and/or the new registered office a		r records, enter the nam	e of the new
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida	street address	_
		, Florida	
	City	Zip Code	_

Page: 15

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	İ
am familiar with and accept the obligations of my position as registered agent.	

It Changing Registered Agent, Signature of No	w 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 2, LLC	2601 South Tamiami Trail Sarasota, FL 34239	
			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			O Add O Remove

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

This Limited Partnership hereby elects to be a "Limited Liability Limited

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

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

F. If amending any other info	rmation, enter	change(s) her	r e: (Auach additio	mal sheets, if necessary.)
	10			
		<u> </u>		
Effective date, if other than the da (Effective date cannot be prior to nor me State.) Note: If the date inserted in this block do	ire than 90 days a			
be listed as the document's effective date				
Signature(s) of a general partne	r or all genera	al partners*	<u>:</u>	
(*NOTE: Only one current general part removing a "limited liability limited part when adding offernoving a "limited liab	nership" election	statement. Ch	apter 620, F.S., requ	ted partnership is adding or iires all general partners to sig
David W. Shpemaker Sarasota Capital Advisors 2, LI	LC, General F	 		
				
			 	
Signature(s) of all new or dissoc	iating genera	l partner(s),	if anv:	
		_		
				·
DW . D.	es 3 50			TA S
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			LL A LL A

\$8.75

Certificate of Status (optional):