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SECRETARY OF STATE

S. HAWKES
DEC - 8 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co						
SURJE	SUBJECT: Sarasota Equity Partners, LLC						
DO DO L	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
	F. Thomas Hopkins						
			Name of Person				
			Icard Merrill				
Firm/Company							
2033 Main Street, Suite 600							
Address							
			Sarasota, FL 34237				
			City/State and Zip Code				
		tho	okins@icardmerrill.com				
				otification)			
For fur	ther information	concerning this matter, please o	call:				
	F. T	nomas Hopkins	at (941)	953-8109			
	Name	of Person	Area Code & Day	time Telephone Number			
Enclos	ed is a check for t	the following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COU Registration Set Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarasota Equ	<u>uity Partners, Ll</u>	<u>-C</u>				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	<u>mpany as it now appea</u> ted Liability Company)	rs on our records.)				
,						
The Articles of Organization for this Limited Liability Comp	oany were filed on	April 24, 2008	and assigned			
Florida document number L08000041284						
This amendment is submitted to amend the following:						
A 16	liabilita aammany ha		12 Sept 1			
A. If amending name, enter the new name of the limited	nability company ne	<u>re</u> :				
The new name must be distinguishable and end with the words "	Limited Liebility Comm	ony "the decimation "	C" ADdin obbroviation			
"L.L.C."	Elinited Liability Comp	any, the designation i	The state of the s			
Enten novembre simple offices address if annicables			TO KE			
Enter new principal offices address, if applicable:			92			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	····					
						
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter 1	he name of the new			
	,					
Name of New Registered Agent:						
Name of New Registered Agent.						
New Registered Office Address:		utou Elouida atuant add	luana			
	Enter Florida street address					
		, Florida				
	Citv		Zip Code			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gabbert Investments Group	1250 Hidden Harbor Way Sarasota Fl 34242	Add Remove
MGRM	James F. Gabbert	1250 Hidden Harbor Way Sarasota FL 34242	S Age
MGRM	Leonard G. Meyer	8491 Boleyn Road Sarasota FL 34240	SS AND PROMOTE TO THE
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	December 2, 2	2009	
	Signature of a memb	er or authorized representative of a member	
	F. Thomas Hopkins, au	thorized representative of the members	
	Typo	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00