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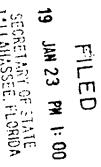
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## **COVER LETTER**

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SUBJE		NE PARTNERS CAPITAL. LL	C		
30241.	···	Name of Lin	ited Liability Company	<del></del>	
		of Amendment and fee(s) are sub	<u>-</u>		
		FRANK R. KEASLER, J			
			Name of Person		
Structured Commercial Group, Inc.					
Firm/Company					
		9250 Baymeadows Road,	Suite 350		
			Address		
		JACKSONVILLE, FL 323			
		frank@structuredcommerci	City/State and Zip Code		
		•	to be used for future annual report noti	fication)	
For furth	ner information	concerning this matter, please c	all;		
FRANK	CR. KEASLEI	R, JR.	904 404-8817		
	Name	e of Person	at ()	e Telephone Number	
Enclosed	d is a check for	r the following amount:			
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

	iny as it now appears on our r Liability Company)	ecords.)	
bility Company			
	were filed on September 2	and assigned	
ving:			
<u>he limited liab</u>	oility company here:		
ds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
ble:	9250 Baymeadows Road	<u> </u>	
ADDRESS)	Suite 350	聖 美 产	
<u> </u>	Jacksonville, Florida 322	56 资料 3 而	
	9250 Baymeadows Road	E FLORE	
<u>OX)</u>	Suite 350		
	Jacksonville, Florida 322	56	
***		cords, <u>enter the name of the </u>	
	D 1 (1 1 250		
9250 Baymead		a ldescr	
	r,mer r tortaa sireet t	auresa 2007	
Jacksonville	City.	_, Florida <u>32256</u> Zip Code	
	ving:  he limited liab  ds "Limited Liab  ble:  (ADDRESS)  OX)  r registered of ce address her	the limited liability company here:  Index "Limited Liability Company." the designation of the second secon	

### 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	SCG Management Company, LLC	9250 Baymeadows Road	<b>≘</b> Add
		Suite 350	☐ Remove
		Jacksonville, FL 32256	☐ Change
MGR	SPG Management Group, LLC	7235 Bonneval Road	∩ Add
		Sutie 243	<b>■</b> Remove
		Jacksonville, FL 32256	□ Change
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reflective date is listed, the date mu	st be specific and cannot be pr		e than 90 days after f	iling.) Pursuant to 605.0
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out of the c	cparament of State 3 recor	<b>u</b> 5.		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee