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. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

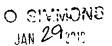




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SECRETARY OF STATE



COVER LETTER

	Registration Sec Division of Corp			
eun ice		PARTNERS DEVELOPMEN	NT, LLC	
SUBJEC	Т:	Name of Limi	ited Liability Company	
The enclo	sed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		FRANK R. KEASLER, JR		
			Name of Person	
		Structured Commercial Gro	oup, Inc.	
			Firm/Company	
		9250 Baymeadows Road, S	Suite 350	
			Address	
		JACKSONVILLE, FL 322	56	
		 	City/State and Zip Code	
		frank@structuredcommercia		
			o be used for future annual report notifi	cation)
For furthe	r information co	ncerning this matter, please ca	all:	
FRANK	R. KEASLER, J	R.	904 404-8817	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

SUNSHINE PARTNERS DEVELO	OPMENT, LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on or Liability Company)	ır records.)
The Articles of Organization for this Limited L Florida document number L18000228371	iability Company	were filed on September	er 24, 2018 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liah	ility company here:	-
STRUCTURED COMMERCIAL DEVELOPMENT	NT, LLC		E18 7
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "Let C."
Enter new principal offices address, if applic	able:	9250 Baymeadows Ro	ad Sit 3 m
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 350	月号 星
		Jacksonville, Florida 3	12256
Enter new mailing address, if applicable:		9250 Baymeadows Re	oad
(Mailing address MAY BE A POST OFFICE	<u>ΒΟΧ)</u>	Suite 350	
	-	Jacksonville, Florida 3	2256
B. If amending the registered agent and registered agent and/or the new registered o			records, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	9250 Baymead	ows Road, Suite 350	
		Enter Florida stre	vet address
	Jacksonville		Florida
		City	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 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>	<u>Address</u>	Type of Action
MGR	SCG Management Company, LLC	9250 Baymeadows Road	⊟ Add
		Suite 350	Remove
		Jacksonville, FL 32256	☐ Change
MGR	SPG Management Group, LLC	7235 Bonneval Road	□ Add
		Sutie 243	■ Remove
		Jacksonville, FL 32256	☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00