

L12000069070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

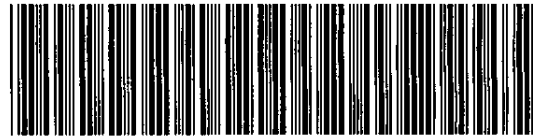
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900235453139

05/30/12--01021--002 \*\*25.00

FILED  
12 MAY 30 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guffey MAY 31 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Scenic Highway Partners, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Brad Berman**

Name of Person

**Scenic Highway Partners, LLC**

Firm/Company

**79 Scenic Gulf Drive**

Address

**Miramar Beach, FL 32550**

City/State and Zip Code

**cireland123@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brad Berman**

Name of Person

at ( **404** )

**261-3420**

Area Code & Daytime Telephone Number

Enclosed is a check for 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

FILED  
12 MAY 30 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 1 of 2

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:

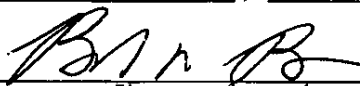
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adam Freeman	79 Scenic Gulf Drive Miramar Beach, FL 32550	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated May 29, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Brad Berman  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
12 MAY 30 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA