## L12000069070

	(Requestor's Name)				
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	(City/State/Zip/Phone #)				
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(Document Number)					
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## **COVER LETTER**

	stration Section sion of Corpor		÷		•		
SUBJECT:		Scenic High	way Partners, LLC	<b>.</b> ,			
			ted Liability Company		_		
The enclosed	Articles of Am	endment and fee(s) are sub	omitted for filing.				
Please return	all corresponde	ence 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					_		
	-	Cir	eland123@gmail.com to be used for future annual repo	ort notification)	<del></del>		
For further int	formation conc	erning this matter, please c	·	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Brad	Berman	at (_404_)	261-3420			
	Name of Pe	rson		Daytime Telephone Nur	mber		
Enclosed is a	check for the f	ollowing amount:					
\$25.00 Fil	ing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certi nclosed) Certi	Filing Fee, ificate of Status & ified Copy itional 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

FILED

12 MAY 30 AM 11: 30

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA Scenic Highway Partners, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 22, 2012 The Articles of Organization for this Limited Liability Company were filed on and assigned L12000069070 Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_\_\_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Adam Freeman	Adam Freeman 79 Scenic Gulf Drive Miramar Beach, Fl 32550	
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			AddRemove
			AddRemove
D. If amend	ding any other information	a, enter change(s) here: (Attach additional si	heets, if necessary.)
			12 MAY 30 SEQNETARI ALLAHASSI
	May 29		DEED O AMII: 30 SEE, FLORDA
	Signatu	are of a member or authorized representative of a	
		Brad Berman	<del></del>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00