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J. Shavers JAN 2 4 2013



## BeneTrends, Inc.

FROM: Deborah Rappaport Tel. 267-498-0090

Florida Department of State:

Enclosed please find the completed forms to file:

**Articles of Amendment for:** 

## **High Tide Partners LLC**

Please return the extra filed copy to my attention in the enclosed Federal Express envelope.

If you require additional information, please call me toll free @ 267-498-0090.

Thank you & have a Great Day, Deborah Rappaport January 15, 2014

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** High Tide 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: Deborah Rappaport Name of Person Benetrends Inc. Firm/Company 1180 Welsh Road, Suite 280 Address North Wales, PA 19454 City/State and Zip Code csmith05@earthlink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Deborah Rappaport** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

High Tide Partners LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 28, 2013 and assigned Florida document number <u>L13000151822</u> 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** 95044 Spring Tide Lane **AMBR** Syzergy Investment Partners, Inc. Fernandina Beach, FL 32034 Remove □ Add □ Add □ Add \_□ Add \_□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)
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	<del></del>
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	<b>(optional)</b> n 90 days after
Dated January 15 , 2014	<b>€</b> ASSIGNUE, E
Signature of a member or authorized representative of a member	<b>X</b>
Charles L. Smith, Managing Member	
Typed or printed name of signee	

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Filing Fee: \$25.00