L13000151822

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nar	me)
(D	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: High	h Tide Partners LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Deborah Rappaport		
	Name of Person	-	
	Benetrends Inc.		
	Firm/Company	-	
	1180 Welsh Road, Suite 280	2014 .	end
	Address		-
	North Wales, PA 19454	2014 JAN 27 PM 3: 05 JUGGETARY OF STAFE	P
	City/State and Zip Code		ا حدر
	E-mail address: (to be used for future annual report notification)	ORA ORA ORA	. A. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.
For further information o	concerning this matter, please call:	<u>≥</u> ₩	
Deborah Ra	appaport <u>at</u> 267, 498-0090		
Name o	of Person Area Code Daytime Telephone Number	r	
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ite of Status &	

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

High Tide Partners LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L13000151822</u> .	ny were filed on Octobe	er 28, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designat	ion "LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		-1 N
(Principal office address MUST BE A STREET ADDRESS)		
		NO.
		SSE Y
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S 3: 05
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here.		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et uddress
	Emer 1 tortua stree	
	City	, Florida 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

ly 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 = A	uthorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Charles L. Smith	95044 Spring Tide Lane
		Fernandina Beach, FL 32034 Remove
		Remove
		Remove
		D(:. C)
		Ade Ade
		SSE 27 Remove
		Add
		Remove
		Remove

D. If amending a	ny other informatio	on, enter change(s) here:	Attach additional sheets, if necessar	ry.)
·		,		
		~		
(The effective date	if other than the da must be specific, cannot ment is filed by the Florid	be prior to date of receipt or filed	(optional) date and cannot be more than 90 days after)
Dated Ja	nuary 20	2014		
		(1/4	SIGN HER	B
н		Signature of a member or authorized	l representative of a member	
	Charles L. Smith,	President of Syzergy Inv	estment Partners, Inc. (Sole Mer	nber)
-		Typed or printed na	me of signee	

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Filing Fee: \$25.00

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