

L13000151822

(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



600256031396

01/27/14--01041--009 **55.00

2014 JAN 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 30 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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)

FILED
2014 JAN 27 PM 3:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deborah Rappaport

Name of Person

at **(267) 498-0090**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles L. Smith	95044 Spring Tide Lane	<input type="checkbox"/> Add
		Fernandina Beach, FL 32034	<input checked="" 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

FILED
2014 JAN 27 PM 3:05
SOUTHERN RAILROAD
FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **January 20**

2014



Signature of a member or authorized representative of a member

Charles L. Smith, President of Synergy Investment Partners, Inc. (Sole Member)

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JAN 27 PM 3:05
CLERK OF STATE
DAI AMASSE FLORIDA