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COVER LETTER

TO: Registration Sect Division of Corpo		
SSIR REFER SUBJECT:	RRAL COMPANY, LLC	
SUBJECT:	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:	
	KATHRYN SISTRUNK	
	Name of Person	
	SCENIC SOTHEBY'S INTERNATIONAL REALTY	
	Firm/Company	
	3305 WEST COUNTY HIGHWAY 30A	
	Address	
	SANTA ROSA BEACH, FL 32459	~ ?
	City/State and Zip Code	
	BCW@SCENICSIR.COM E-mail address: (to be used for future annual report notification)	2
For further information con	E-mail address: (to be used for future annual report notification) oncerning this matter, please call:	N - P 1
KATHRYNSISTRUNK	850 598-9469	· · · · · · · · · · · · · · · · · · ·
Name of P	Person Area Code Daytime Telephone Number	· -j
Enclosed is a check for the	e following amount:	
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

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

SSIR REFERRAL COMPANY, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on JUNE, 28, 2017	and assigned
Florida document number L17000140268		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
SCENIC REFERRAL COMPANY, LLC		
he new name must be distinguishable and contain the words "Limited I.	iability 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	2	
	<u>-</u>	
Enter new mailing address, if applicable:	Ž	2
Mailing address MAY BE A POST OFFICE BOX)		
named waters with the first out to the body		2
		3- 5- 1
3. If amending the registered agent and/or registered	'' d office address on our records ente	er the name of the
egistered agent and/or the new registered office address		
	here:	·
Mama of Nove Bouletoned Ament	>>	
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
- 	City	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of effective date is listed, the date must be	te of filing:		(0	ptional)	_	
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depar	does not meet the app	dicable statutory fil	r more than 90 days : ling requirements,	this date) Pu rsuant will not b	to 605,02 e listed :
record specifies a delayed ef he 90th day after the record		not an effective	e time, at 12:0	1 a.m. (on the e	earlier
ed NOVEMBER 1	. 2017	<u> </u>				
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Page 3 of 3

Filing Fee: \$25.00