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#### **COVER LETTER**

Division of Corporations	
SUBJECT: 1600 1-2 Scenic High	hway, LLC
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Charles S. Liberis	
Name of Person	
Liberis Law Firm	
Firm/Company	<del></del>
212 W. Intendencia St.	
Address	
Pensacola, FL 32502	2013 MAR 12 AH 8c 22 All (All Areas) A STATE AND AREA STATE (All States)  eport notification)
City/State and Zip Code	712
cliberis@liberislaw.com	The A
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	<b>™</b>
	at (850 ) 438-9647
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:  □ \$25 Filing Fee  \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy □ \$60 Filing Fee, Certified Copy Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### **SECTION I (1-3 must be completed)**

1.	Name of limited liability company as it appears on the records of the Florida Department of State: 1600 1-2 Scenic Highway, LLC
2.	Jurisdiction of its organization: Wyoming
3.	Date authorized to do business in Florida: January 23, 2013
	SECTION II (4-7 complete only the applicable changes)
	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization?
5.	New name of the limited liability company: 1900 1-2 Scenic Highway, LLC (must end with "Limited Liability Company," "L.L.C.," or "LLC.")
Flo the or	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")  If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member of a member of a member of a printed rame of signee

Filing Fee: \$25.00

### STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

1900 1-2 Scenic Hwy, LLC

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 3, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000635498**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 11th day of March, 2013 at 7:45 AM. This certificate is assigned 013443730.



May Massield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.