## 116000159137

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	rporations	
THOMAS	AND FRENCH INTERNATION	ONAL PROPERTIES LLC
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.
	ondence concerning this matter	
Treasure to tariff and own early		
	CHRIS CONA	
		Name of Person
	TREISER COLLINS PL	
		Firm/Company
	3080 TAMIAMI TRAIL E	EAST
		Address
	NAPLES, FLORIDA 341	12
		City/State and Zip Code
	CCONA@SWFLALAW.C	(to be used for future annual report notification)
For further information of	concerning this matter, please c	
CHRIS CONA	g, , ,	239 2988385
	of Person	at ()
Name	n i cisca	Taca code (Sayumb Totapanto Tumbo)
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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**

FILED

2017 JUN-8 PM 1:53

TALLAHASSEE, FLORIDA

THOMAS AND FRENCH INTERNATIONAL PROPERTIES 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 Completion of Horida document number $\frac{L16000159137}{L16000159137}$ .	pany were filed on 8/24/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
AVENUE 5 INTERNATIONAL REALTY LLC	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NO CHANGE
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	NO CHANGE
(Mailing address MAY BE A POST OFFICE BOX)	
Imaning dadress MAT BL A TOST OFFICE BOX	
Name of New Registered Agent:  NO CHAN	
New Registered Office Address:	Enter Florida street address
	, Florida
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is ffice address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to n	nanage, <u>enter the</u>	e title, name, and address of each	person being added
or removed from our records:  MGR = Manager	,	FILED	
AMBR = Authorized Member  Title Name	Address	FILED  2017 JUN-8 PM 1153	Type of Action
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	specific and cannot be prior to date of fili does not meet the applicable statuto:	(optional) ing or more than 90 days after filing.) Pursuant to 60 ry filing requirements, this date will not be lis
record specifies a delayed ef he 90th day after the record		ctive time, at 12:01 a.m. on the earl
JUNE 6, 2017		
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215	nature of a member of aumorized represe	citative of a member

Page 3 of 3

Filing Fee: \$25.00