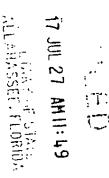
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COVER LETTER

SUBJECT: THAIS		ES LL C	
	mendment and fee(s) are subsidence concerning this matter t		
		AUGENDRE Name of Person	
	Thais Pro	peches LLC Firm/Company	
	3495 5th	Ave	
	S' Petersburg FRANCK @	eg FL 3371 Cily/State and Zlp Code	3
	E-mail address: (1	FAREIC. COM	tion)
For further information cor	ncerning this matter, please ca	ill:	
Tillary Shy Name of I	OLMON Person	at (<u>813</u>) 616 — Area Code Daytime To	6000 × 10 3
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

IHAIS PROPERTIES			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as It now appears of Liability Company)	<u>n our records.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	···		
Principal office address MUST BE A STREET ADDRESS)			
		THE T	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		\$ S.E.	
		A	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:	Post Pl: J	and the	
	Enter Florida street address		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	City	z.p Coae	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			

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 = Authorized Member

Title	Name	Address	Type of Action
MGR	TIMOTHY J. WILLIAMS	34955MN	Add
		St Petersburg, FL 33713	Remove
			Change
			
			Remove
			Change
			□ Add
			Remove 2
			Change 1
			Change
			🗆 Add
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sh		
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	22 J	.
	1288 1288 1288 1288 1288 1288 1288 1288	
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	7.0	1:
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	(optional) 95	0207 d as
he record specifies a delayed effective date, but not an effective time, and the first the record is filed.	at 12:01 a.m. on the earlie	r of
Dated July 2 2017.		
Signature of a member or authorized representative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00