

# MIB000003B36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

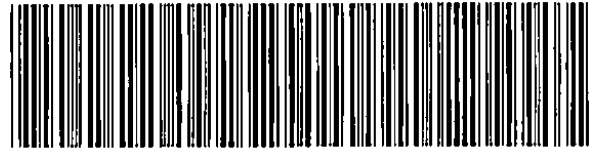
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
JUN - 4 A 3:25:19  
JUN - 4 PM 4:12  
FALLAND, JEFFREY

D SCOTT

JUN - 5 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 791084 7965870

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 4, 2019

ORDER TIME : 3:25 PM

ORDER NO. : 791084-010

CUSTOMER NO: 7965870

FILED  
JUN - 4 A 3:25  
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: 13FH AVALON GP LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 13FH Avalon GP LLC

Enter new principal office address, if applicable:

848 Brickell Avenue PH1

(Principal office address  
MUST BE A STREET ADDRESS)

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

848 Brickell Avenue PH1

Miami, Florida 33131

2. The Florida document number of this limited liability company is: M18000003836

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/19/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

FILED

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u>                   | <u>Address</u>                    | <u>Type of Action</u>                      |
|------------------------|-------------------------------|-----------------------------------|--|
| MGR                    | PB Marina Delray Advisors LLC | 411 West Putnam Avenue, Suite 125 | <input type="checkbox"/> Add               |
|                        |                               | Greenwich, CT 06830               | <input checked="" type="checkbox"/> Remove |
|                        |                               |                                   | <input type="checkbox"/> Add               |
|                        |                               |                                   | <input type="checkbox"/> Remove            |
|                        |                               |                                   | <input type="checkbox"/> Add               |
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|                        |                               |                                   | <input type="checkbox"/> Add               |
|                        |                               |                                   | <input type="checkbox"/> Remove            |

9. Attached is a certificate, if required: 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 the authorized representative

Arnaud Karsenti

Typed or printed name of signee

Filing Fee: \$25.00