

L14000113580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

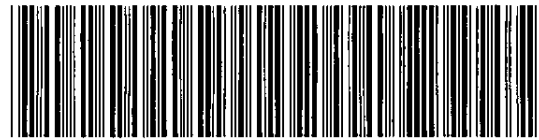
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600260141386

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 21 AM 9:50

RECEIVED  
14 JUL 21 AM 11:00  
DIVISION OF CORPORATIONS

JUL 22 2014  
J. HARRIS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 222099 4311639

AUTHORIZATION :

*Spivey*

COST LIMIT : \$25.00

ORDER DATE : July 18, 2014

ORDER TIME : 4:41 PM

ORDER NO. : 222099-005

CUSTOMER NO: 4311639

DOMESTIC CORRECTION FILING

NAME: ATRIUM OPERATORS, LLC

EFFECTIVE DATE:

XX STATEMENT OF CORRECTION  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Atrium Operators, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000113580

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Principal Office Address and Mailing Address should read "Attention: Lara L.

DeCaro, 199 Fremont Street, 21st Floor, San Francisco, CA 94105"

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

The electronic transmission of the record was defective.

/s/ Lara L. DeCaro

7/18/2014

Signature of Authorized Representative

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL 21 AM 9:50

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**