

L19000215102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

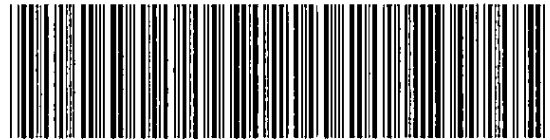
(Business Entity Name)

(Document Number)

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2024 JAN 31 AM 9:38

CLERK OF SUPERIOR COURT
STATE OF NEW YORK

KH
2/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATRIUM24 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicolette Mathey

Name of Person

ATRIUM24 LLC

Firm/Company

34650 Us Hwy 19 N, Suite 101

Address

Palm Harbor, FL 34684

City/State and Zip Code

nicolette@atrium24.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicolette Mathey

Name of Person

727 215-3030
at ()

Area Code

Daytime Telephone Number

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
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

2024 JAN 31 AM 9:38
STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ATRIUM24 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 Company were filed on August 22, 2019 and assigned Florida document number 1.19000215102.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ATRIUM24 Holdings 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:

(Principal office address MUST BE A STREET ADDRESS)

34650 Us Hwy 19 N

Suite 302

Palm Harbor, FL 34684

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

34650 Us Hwy 19 N

Suite 302

Palm Harbor, FL 34684

B. If amending the registered agent and/or registered office 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:

34650 Us Hwy 19 N, Suite 302

Enter Florida street address

Palm Harbor

Florida 34684

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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CLERK

2024 JAN 31 AM 9:51
STILLERSON
E.F.

2024 JAN 31 AM 9:38
STREET
POLICE DEPT

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 26, 2024

Nichelle McKay
Signature of a member

Signature of a member or authorized representative of a member

Nicolette Mathey

Typed or printed name of signee

Filing Fee: \$25.00