

A12000000821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

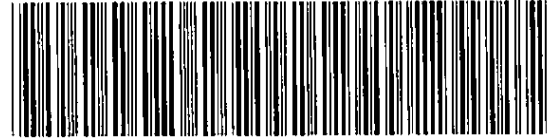
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900430720419

LP Amend

FILED
2024 JUN 21 AM 9:40
RECEIVED
2024 JUN 21 PM 5:01
STOCKS & BONDS
FALLMORSE, FLORIDA

A. RAMSEY

JUN 24 2024

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEE, FL 32309

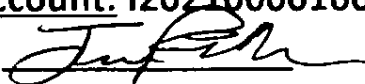
(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

Please use funds from account: I20210000160: \$52.50

Authorization Signature:



Business Name: Atrium International Family Limited Liability Limited Partnership

Document # A12000000821

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

&

AMENDMENTS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☒ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

APOSTILLE(s)

&

OTHER FILINGS

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atrium International Family Limited Liability Limited Partnership

Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Sandra Z. Green, Esq.

Contact Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

Firm/Company

901 Ponce de Leon Boulevard, Suite 601

Address

Coral Gables, Florida 33134

City, State and Zip Code

szg@jhglaw.com

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

For further information concerning this matter, please call:

Sandra Z. Green

at (305) 372-5100

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED

JUN 21 AM 9:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Atrium International Family Limited Liability Limited Partnership

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/06/2012, assigned Florida document number A12000000821, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

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

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. 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:

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>G</u>	<u>German Fraynd, Trustee</u>	<u>1380 NE MIAMI GARDENS DR.</u> <u>SUITE 125</u> <u>North Miami Beach, FL 33179</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>G</u>	<u>FRAYND, PAUL</u>	<u>1380 NE MIAMI GARDENS DR.</u> <u>SUITE 125</u> <u>North Miami Beach, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>G</u>	<u>Alan Fraynd, Trustee</u>	<u>1380 NE MIAMI GARDENS DR.</u> <u>SUITE 125</u> <u>North Miami Beach, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>G</u>	<u>FRAYND, Yael</u>	<u>1380 NE MIAMI GARDENS DR.</u> <u>SUITE 125</u> <u>North Miami Beach, FL 33179</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)



Yael FRAYND, General Partner

Signature(s) of all new or dissociating general partner(s), if any:



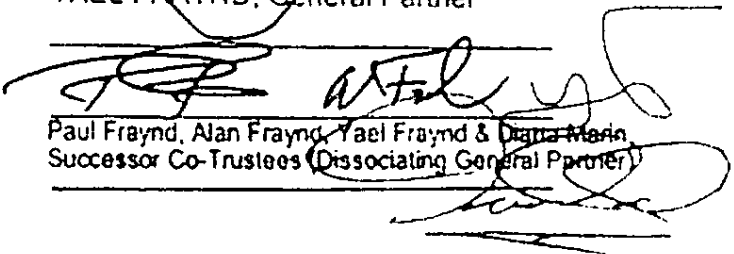
PAUL FRAYND, General Partner



Yael FRAYND, General Partner



ALAN FRAYND, TRUSTEE, General Partner



Paul Fraynd, Alan Fraynd, Yael Fraynd & Diana Mada
Successor Co-Trustees (Dissociating General Partner)

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75