## B07000000244

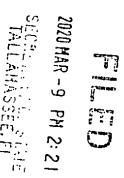
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		ŀ

Office Use Only



300341695963

03/09/20--01031--009 \*\*\$2.50



C Kiuzek

## **COVER LETTER**

	egistration ivision of C	Section Corporations			
SUBJEC	T. Atrium F	inance IV LP			
SOBJEC	۱	Same of Foreign Limited P	artnership or Limite	d Liabi	lity Limited Partnership
The enclo	sed amend	ment and fee(s) are su	bmitted for filin	g.	
Please ret	urn all corr	respondence concernin	g this matter to:		
Theresa Ha	.11				
		Contact Person		_	
Atrium Ho	lding Compa	ny			
		Firm/Company		_	
2398 E. Ca	melback Roa	d, Suite 1000			
		Address		_	
Phoenix, A	Z 85016			_	
	(	City, State and Zip Code			
thall@atriu	mlle.com				
E-mai	address: (to	be used for future annual i	eport notification)	_	
For furthe	r informati	on concerning this ma	tter, please call:		
Theresa Ha	H		480 at (	494-	274()
	Name of Cor	ntact Person		D	aytime Telephone Number
Enclosed	is a check t	for the following amou	int:		
\$52.50	Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Fili and Certified Co		S113.75 Filing Fee, Certified Copy, and Certificate of Status
Re Di P.e	ailing Add egistration S vision of C O. Box 632 llahassee, I	Section Corporations 27		Regis Divis The C 2415	t Address: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

## AMENDMENT TO CERTIFICATE OF AUTHORITY **FOR** FOREIGN LIMITED PARTNERSHIP OR



The name of the limited partnership or limite the Florida Department of State is:     Atrium Finance IV, LP	ed liability limited partnership as it appears	on the records of N
2. Document Number of Foreign Limited Partne	ership or Limited Liability Limited Partners	ship: <u>B07000000244</u>
2. The jurisdiction of its formation is: <u>DE</u>		
3. The date the entity was authorized to transac	t business in Florida is: 08/02/2007	<del></del>
4. If the amendment changes the name of the li the new name:	mited partnership or limited liability limited	d partnership, enter
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnershill LLLP.		ership. L.L.L.P. or
5. If the amendment changes the general partne Name:	er(s), list the name and business address of one Business Address:	each general partner
Tucson Hotels Sub GP LLC	2398 E Camelback Road	✓Add
	Suite 1000 Phoenix, AZ 85016	Remove Change
Atrium First GP IV, LLC	2398 E. Camelback Road. Ste 1000	
	Phoenix, AZ 85016	☑Remove ☐Change
<u> </u>		Add Remove Change
		Add ☐Remove ☐Change
		Add Remove Change
		Add ☐Remove ☐Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
The entity elects to be a limited liability limited partnership.
The entity is no longer a limited liability limited partnership.
9. Attached is an original certificate, no more than 90 days olds, 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.
10. Effective date, if other than the date of filing:
Signature of a general partner:
Typed or printed name: Christophu Pawllo
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75