

LD4000027156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

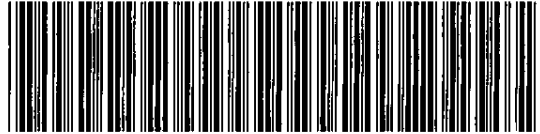
Special Instructions to Filing Officer:

L. SELLERS

NOV 25 2008

EXAMINER

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

08 NOV 24 AM 8:45

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATRIUM CENTRE 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:

Jennifer Levin, Esq.
(Name of Person)

Fromberg, Perlow & Kornik, P.A.
(Firm/Company)

18901 N.E. 29th Ave., Suite 100
(Address)

Aventura FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Levin, Esq. at (305) 933-2000
(Name of Person) (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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ATRIUM CENTRE 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 April 9, 2004 and assigned Florida document number L04000027156.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 18901 N.E. 29th Ave., Suite 100
(Principal office address MUST BE A STREET ADDRESS) Aventura FL 33180

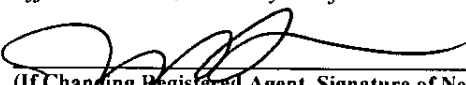
Enter new mailing address, if applicable: 18901 N.E. 29th Ave., Suite 100
(Mailing address MAY BE A POST OFFICE BOX) Aventura FL 33180

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: Dade County Corporate Agents, Inc.
New Registered Office Address: 18901 N.E. 29th Ave., Suite 100
(Enter Florida street address)
Aventura, Florida 33180
(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 608, 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)

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STATE OF FLORIDA
TALLAHASSEE

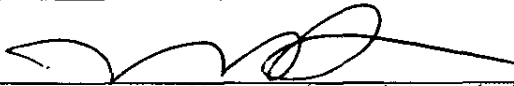
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kenneth J. Strauss	515 E. Las Olas Blvd., 15th Floor Ft. Lauderdale FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jeffrey M. Perlow	18901 N.E. 29th Ave., Suite 100 Aventura FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jerry Lehman	5301 N. Federal Hwy - #150 Boca Raton FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11/19, 2008


Signature of a member or authorized representative of a member

JEFFREY M. PERLOW
Typed or printed name of signee

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 08 NOV 24 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA