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J. BRYAN

OCT -1 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atrium Aviation, 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:

Lisa D. Holt

(Name of Person)

Cooling + Herbers, P.C.

(Firm/Company)

1100 Main Street, Suite 2400

(Address)

Kansas City, MO 64105

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lisa Holt

(Name of Person)

at (816) 474-0777

(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ATRIUM AVIATION, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on April 2, 2008, and assigned Florida document number L08000034418.

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:**  
**(Principal office address MUST BE A STREET ADDRESS)**

**870 South Ocean Blvd.  
Palm Beach, FL 33480**

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

**870 South Ocean Blvd.  
Palm Beach, FL 33480**

**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:**

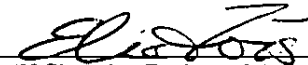
Name of New Registered Agent: Elia Zois

New Registered Office Address: 870 South Ocean Blvd.  
*(Enter Florida street address)*

Palm Beach, Florida 33480  
*(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)

**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	Mary Theresa Khawley	888 South Ocean Boulevard Palm Beach, FL 33480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vincent Tufariello	1120 Alps Road Wayne, NJ 07470	<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
			<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 September 29, 2008.

Lisa D. Holt  
Signature of a member or authorized representative of a member

Lisa D. Holt  
Typed or printed name of signee

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