

L120000026327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

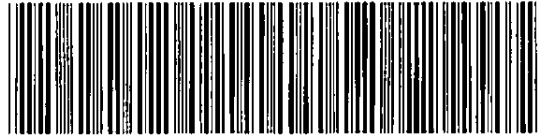
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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300439556543

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2024 DEC -9 AM 8:50

CLERK OF COURT
TALLAHASSEE, FLORIDA

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2024 DEC -9 PM 4:53

CLERK OF COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: 25.00

Authorization Signature: James Allen

The Atrium Professional Plaza, LLC L12-000026327
Business Name #Document #

☐ Walk in

☐ Will wait

☐ Certified Copies of the Articles of Incorporation

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ LLC
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of FACT
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a Foreign LLC
☐ Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE ATRIUM PROFESSIONAL PLAZA, 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:

Amanda Nordelo

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda G. Nordelo

305 372-5100
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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

THE ATRIUM PROFESSIONAL PLAZA, LLC

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

FILED
2024 DEC -9 AM 8:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/23/2012 and assigned
Florida document number L12000026327.

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	FRAYND, GERMAN MD	1380 NE Miami Garden Drive	Add
		Suite 125	Remove
		Miami, FL 33179	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/26

2024

Signature of a member or authorized representative of a member

Amanda G. Nordelo, Esq.

Typed or printed name of signee

Filing Fee: \$25.00