## \*L14000071954

(Requestor's N	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP WA	AIT MAIL
(Business Ent	ity Name)
(Document Nu	umber)
Certified Copies Cert	ificates of Status
Special Instructions to Filing Office Connection To Doc Connection we Conversation we Dorys Paredes	c. Per





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FILED
2015 JUN -1 PMI2: 33

K.SALY EXAMINER JUN - 3 2015

## **COVER LETTER**

TO: Registration Division of C			,
ATRIUM SUBJECT:	INTERNATIONAL LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	•
Please return all corres	pondence concerning this matter	to the following:	
	Dorys Pares		
		Name of Person	
ATRIUM INTERNATIONAL LLC			
		Firm/Company	
	8181 NW 36St Suite 31 D	oral, Fl 33166	
		Address	
	Doral, Florida 33166		
		City/State and Zip Code	
	dorys@dorysparedes.com		
		to be used for future annual report notifi	ication)
For further information	n concerning this matter, please c	all:	
Dorys Paredes		786 2226015 at ()	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r 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**

FILED
2015 JUN - 1 PM 12: 32
1 PM 12: 32

ATRIOM INTERNATIONAL LLC		Γ/7 <b>/2.</b> .
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	ALL AHASSEE FORM
The Articles of Organization for this Limited Liability Company Florida document number L14000071954	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8181 NW 36St Suite 31 Doral,	FI 33166
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8181 NW 36St Suite 31 Doral,	Fl 33166
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>		rida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added, or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JONNY GERARDO MORALES	10073 DORIATH CIRCLES, ORL , FL 32	825 ■ Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00