116000225678

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

Office Use Only



100293719771

01/17/17--01014--025 **25.00

**25.00

**25.00

JAN 1 9 2017 Y SULKER

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Kata	Name of Limi	LC Name C	honge Add Man
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Jacquel	Name of Person	
	Afrium P	nductions MI	ami
	5701 Coll	Address PH4	
	Mizul	Beach, FL 3 City/State and Zip Code	3140
	Da Caul @ E-mail address: (1	ATRIUM PRODUCT to be used for future annual report notif	
For further information con-	cerning this matter, please ca	all:	
Jame of P	o Jans	at (at (O 94 6 e 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

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on $\frac{110}{2017}$	and a	nssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite Atrium Poduction The new name must be distinguishable and contain the words "Limite"	ns Miami LLC	e abbreviation "	LL.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Ester war weiling address if and is able			17 JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ີ້ ຄຸ້າ ເກັງ ເກັງການ	
			9
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name	e of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Cod	le

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Andres Belli	1949 Marseille Drive	API 1 XAdd
			□ Remove
			Change
			□ Add
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·	<u></u>	Add
			Remove
			Remove Charge Charge
	·····		
			Remove
			□ Change
			Add
			☐ Remove
			Change
·····			
	,		□ Remove
			Change

17 J	
7	
7	
7	
7	
7	
7	
7	
7	
7	
	J :
in the second se	•
Pro A. S. Mark	
are the second of the second	

Page 3 of 3

Filing Fee: \$25.00