## L200000020800

(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer	Certified Copies Certificates of Status
	Special Instructions to Filing Officer

Office Use Only



700340715907



O SIMMONS FEB 17 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/14/2020	
	Marcel Ogbonna-Amu	_
Reference	e #:1187680	<u></u>
Entity Nai	me: MULTIPLE, LLC	TO ATRIUM EXIT, LLC
☑ Am	ticles of Incorporation/Authorization nendment nange of Agent einstatement	n to Transact Business
Me	erger essolution/Withdrawal	
_	ctitious Name	
	ed Amount: \$25.00	

F: 800.944.6607

## **COVER LETTER**

	stration Secsion of Corp			
SHR IFCT.	Multiple, Li	LC		
30637.017	-	Name of Line	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Susan J. Macaulay		
	Edwards Maxson Mago & Macaulay, LLP			
		Edwards Maxson Mago &	Macaulay, LLP	
			Firm/Company	<del></del>
		310 Park Ave., #200		Daytime Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		<del> </del>	Address	
River Forest, IL 60305				
			City/State and Zip Code	
		· · ·	to be used for future annual report notific	ation)
For further inf	formation co		·	,
Susan J. Mac	aulay			
	Name of	l Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	ling Fee		=	Certificate of Status & Certified Copy
	ing Address istration S		<u>Street Address:</u> Registration Secti	ion

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Multiple, LLC

(Name of the Limite (	A Florida Limited l	Jability Company)	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L20000020800</u>	ability Company	were filed on 1/1	4/2020	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	
Atrium Exit, LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the de	esignation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A		<i>(6</i>
(Principal office address MUST BE A STREET				2020 (50)
		<del>- , ,</del>		
				- Sening
Enter new mailing address, if applicable:		N/A		F 1
(Mailing address MAY BE A POST OFFICE E	20V)			
(Statung address STAT BE A FOST OFFICE E	<u>50.17</u>			<del></del>
			•	17
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our re	ecords, <u>enter the r</u>	ame of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
New Registered Office Address.		Enter Flori	ida street address	
			Florida	
		City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered		performance of	my duties, and La	agree to comply with the on familiar with and Or, if this document is

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>	<u>Name</u>	Address		Type of Action
				_ 🗆 Add
				[]Remove
			SES	202€Change
				Add ¡ ¯ ¯ ¯
			So City	Remove)
			PH	Remaye  Change
				□Add
				_ □Remove
				□Change
		<del></del>		□Add
				_ □Remove
				□Change
				□Adđ
		· · · · · · · · · · · · · · · · · · ·	<del>-</del>	□Remove
			<del></del>	_ □Change
				□ Add
				□Remove
				□ Change

N/A					
				- 100	2020
				<u> </u>	<del></del>
				<del> :</del>	83.
					_ <u></u>
					<del></del>
				<u>. 75</u> -	<u>ö</u>
				,2 ,2,	<del>- ယ</del>
					<del></del>
<u> </u>			-		
					·
		,			<u>=.</u>
	•				
fective date, if other than the date of f	filing:		(opt	ional)	
in effective date is listed, the date must be specifi ote: If the date inserted in this block does i					
ocument's effective date on the Department		iole statutory irm	ig requirements, til	is gate with the	n be tistett
record specifies a delayed effective date, but	t not an affactiva tii	ma at 12:01 a.m.	on the earlier of: (	h) The Ofth	day after th
is filed.	e not an enective th	me, at 12.01 a.m.	on the carner of: (	ing The rota	duy arter a
February 11	2020				
nea		<u> </u>			
Z Y					

Filing Fee: \$25.00

Typed or printed name of signee