

M1000001123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

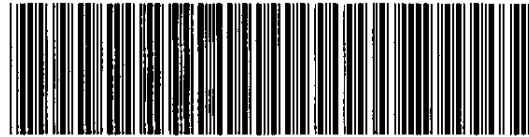
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

SEP 30 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Partnership Solutions Advisors, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Sullivan

Name of Person

Atreon Global, LLC

Firm/Company

686 Hermitage Circle

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

kimberly@sullivancapitalgroup.com

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

For further information concerning this matter, please call:

Kimberly Sullivan

Name of Person

at (561)

653-1323

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

2016 SEP 29 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Partnership Solutions Advisors, LLC (M10000001123)
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 3/08/2010

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 9/07/2010
5. New name of the limited liability company: Atreon Global, LLC
(must end with "Limited Liability Company," "L.L.C.," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," "LLC," or "LLC.")

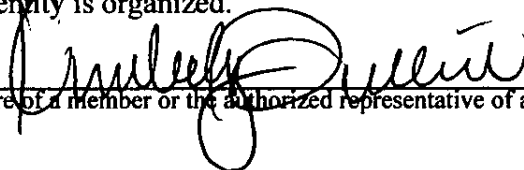
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member



Kimberly Sullivan

Typed or printed name of signee

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SECRETARY OF
TALLAHASSEE
LLC

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Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PARTNERSHIP SOLUTIONS ADVISORS, LLC", CHANGING ITS NAME FROM "PARTNERSHIP SOLUTIONS ADVISORS, LLC" TO "ATREON GLOBAL, LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2010, AT 12:30 O'CLOCK P.M.

4723197 8100

100891321

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8221044

DATE: 09-10-10