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DIVISION OF CORFORATIONS

OCT - 4 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations					
CUDIE	Ст.	EL-AD NATION	AL PROPERTIES LLC		
SCENECI:			ted Liability Company	· · · ·	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
			Raynan Persky Name of Person		
			Name of Person		
	Elad National Properties				
	Firm/Company				
	1000 S. Pine island Road , suite 450				
Address					
	Plantation , Florida 33324				
	City/State and Zip Code				
		rpersk	@eladnational.com		
		E-man aduress: (to be used for future annual report notification	on)	
For furt	her information o	oncerning this matter, please of	all:		
	Raar	ian Persky	at (954) 846	6-7800	
		f Person	at (954) 846 Area Code & Daytime Tel	ephone Number	
Enclose	ed is a check for the	ne 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 OCT -3 PM 12: 29

	<u>ONAL PROPERTIE</u>		
(Name of the Limited Liabi	lity Company as it now appea la Limited Liability Company)	rs on our records.)	
(A Piolic	ia Ellittica Elability Company)	1	
The Articles of Organization for this Limited Liability	Company were filed on	3/12/2004	and assigned
Florida document number L04000019511	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	re:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		···
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	F7.	- Florida etro - 1	
	Enter Florida street address		ress
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

- E

MGR = Manager MGRM = Managing Member <u>Title</u> Name 1 **Address** Type of Action MGR Manor Joseph 1000 s. Pine Island road ☐ Add √ Remove Plantation Florida 33324 Hon Oren MGR ✓ Add 1000 S. Pine Island Road Plantation Florida 33324 ☐ Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 12 2012 Dated_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member of authorized representative of a member

Raanan Persky , Sec

Typed or printed name of signee