

#L040000035188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

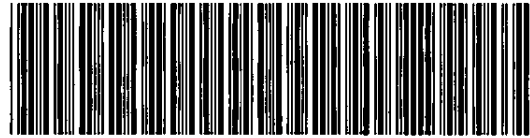
(Business Entity Name)

(Document Number)

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2014 MAY -8 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAY 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: El-Ad Sunrise LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arava Mohar

Name of Person

El-ad National Properties LLC

Firm/Company

1000 S. Pine Island Road

Address

Plantation, Florida 33324

City/State and Zip Code

oyair@eladnational.com

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

For further information concerning this matter, please call:

Arava Mohar

954 846-7800

at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Arik Bronfman	1000 S. Pine Island Road	<input checked="" type="checkbox"/> Add
		Plantation, Florida 33324	<input type="checkbox"/> Remove
SEC	Marc Shandler	1000 S. Pine Island Road	<input type="checkbox"/> Add
		Plantation, Florida 33324	<input checked="" type="checkbox"/> Remove
SEC	Arava Mohar	1000 S. Pine Island Road	<input checked="" type="checkbox"/> Add
		Plantation, Florida 33324	<input type="checkbox"/> Remove
MGR	Orly Daniell	575 MADISON AVENUE, 22ND FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 6, 2014

Signature of a member or authorized representative of a member
Arick Bronfman

Typed or printed name of signee