

L04000091822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

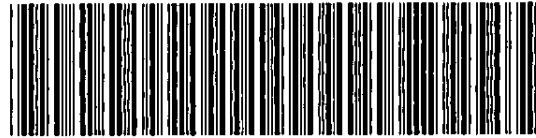
(Business Entity Name)

(Document Number)

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RECEIVED  
15 MAY 21 PM 2:10  
DIVISION OF CORPORATE AFFAIRS

FILED  
2015 MAY 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAY 22 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 637913 7175508

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : May 21, 2015

ORDER TIME : 12:09 PM

ORDER NO. : 637913-005

CUSTOMER NO: 7175508

DOMESTIC AMENDMENT FILING

NAME: LS SUNRISE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LS 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:

BECKY JO MORGAN, PARALEGAL

\_\_\_\_\_  
Name of Person

LEVENFELD PEARLSTEIN, LLC

\_\_\_\_\_  
Firm/Company

2 N. LASALLE STREET, SUITE 1300

\_\_\_\_\_  
Address

CHICAGO, IL 60602

\_\_\_\_\_  
City/State and Zip Code

gshabat@lakeshoremhc.com

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

For further information concerning this matter, please call:

BECKY JO MORGAN, PARALEGAL

312 476-7594  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2015 MAY 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LS SUNRISE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/20/2004 and assigned  
Florida document number L04000091822.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8800 N. Bronx, 2nd Floor

(Principal office address MUST BE A STREET ADDRESS)

Skokie, IL 60077

Enter new mailing address, if applicable:

8800 N. Bronx, 2nd Floor

(Mailing address MAY BE A POST OFFICE BOX)

Skokie, IL 60077

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSEPH I. WOLF	8800 N. BRONX, 2ND FLOOR	<input type="checkbox"/> Add
		SKOKIE, IL 60077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSEPH I. WOLF	8800 N. BRONX, 2ND FLOOR	<input checked="" type="checkbox"/> Add
		SKOKIE, IL 60077	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE COMPANY IS NOW MANAGER MANAGED RATHER THAN MEMBER MANAGED.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY \_\_\_\_\_, 2015

Signature of a member or authorized representative of a member

JOSEPH I. WOLF, AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signee