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(F	Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Nan	ne)		
(Document Number)				
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SECKELARY OF STATE

D. BRUCE

AUG 26 2008

**EXAMINER** 

## **COVER LETTER**

5.

TO: Registration Se  or Division of Cor					
SUBJECT: SUNRIS	SE AVENTURA LLO	C nited Liability Company)			Ð
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ALLA AYZEN	3.			
		(Name of Person)			
		(Firm/Company)			
	3687 N.E. 195 TERRAC	E			
		(Address)		7 C O	,
	AVENTURA, FL 33180			SECRET	-
		(City/State and Zip Code)		E INS	O <sub>(™</sub> enes
For further information co	oncerning this matter, please c	all:		· · · · · · · · · · · · · · · · · · ·	
JOEL KUPFERMAN	_	at ( 305 17653-1040		LOR LOR	- ( <u>-</u>
(Name o	f Person)	(Area Code & Daytime T	elephone Number	r) 10.77 :	<b>S</b>
Enclosed is a check for the	e following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	osed)

MAILING ADDRESS:

. . 1

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 Tal¦ahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L05000066025	y were filed on 7/5/05	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
SUNRISE AVENTURA LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the do	A 20 8
Enter new principal offices address, if applicable:		AS E
(Principal office address MUST BE A STREET ADDRESS)		25
Enter new mailing address, if applicable:		STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		<b>P</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(F El )	
	(Enter Florid	la 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 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:

MGR = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	Name	Address ;	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
	<del>.</del>	¥	Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary,	) ——
		5 ·	08 AUG 25 SECHEINN
Dated	A. Alexand	7/1:/-8	25 MII: 22 SSEE, FLORID
	Signature of a member	//-	

Page 2 of 2

Filing Fee: \$25.00