

106000009891

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PINE ISLAND SHOPPING PLAZA AT SUNRISE II, 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:

**Keith D. Silverstein, Esq.**

Name of Person

**Keith D. Silverstein, P.A.**

Firm/Company

**1177 Kane Concourse, Suite 230**

Address

**Bay Harbor Islands, Florida 33154**

City/State and Zip Code

**isaacd@skylandmanagement.com**

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

For further information concerning this matter, please call:

**Keith D. Silverstein, Esq.**

**305 868-0200**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
13 JUL 22 PM 4:58  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Pine Island Shopping Plaza at Sunrise II, 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 January 27, 2006 and assigned  
Florida document number L06000009891

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

N/A

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 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 = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Isaac Dabakaroff	5722 S. Flamingo Road	<input type="checkbox"/> Add
		Cooper City, Florida 33330	<input checked="" type="checkbox"/> Remove
MGRM	Angela Dabakaroff	5722 S. Flamingo Road	<input checked="" type="checkbox"/> Add
		Cooper City, Florida 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 JUL 24 PM 1:38  
COOPER CITY, FLORIDA

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

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Dated July 18, 2013



Signature of a member or authorized representative of a member

Keith D. Silverstein, Esq., as attorney in fact/authorized representative of Isaac Dabakaroff and Angela Dabakaroff

Typed or printed name of signee

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Filing Fee: \$25.00

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19 JUL 22 PM 4:58  
CLERK OF COURT  
JUL 22 2013  
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