## K22 0000009019

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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T. MATTHEWS

FEB - 4 2022

## COVER LETTER

TO:	Registration Se Division of Cor		Á	· • • • • • • • • • • • • • • • • • • •
eno u		ALL NATIONS SUNRISE LI	LC	•
SUBJ	ECT:	Name of Limi	ted Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ELIRAN ASSULIN		
			Name of Person	
		FOOD OF ALL NATION	IS SUNRISE LLC	
		<del></del>	Firm/Company	<del></del>
		3565 NE 207 ST SUITE A	ı-1	
		<u> </u>	Address	
		AVENTURA FL 33180		
			City/State and Zip Code	
		accounts@stfoan.com	o be used for future annual report n	ntitication)
				omication)
For fu	rther information c	oncerning this matter, please ca	MI:	
Elir	ran Assulin		305 933-2888 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≡</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Addres	<u>18:</u>	Street Address:	Nagtion.

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

22.77 [7 [1] 3: 09

FOOD OF ALL NATIONS SUNRISE LLC (Name of the Limited Liability Compar	ny as it now appears on our records.)	
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JANUARY 3 2022	and assigned
florida document number 1.22000009019		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	3565 NE 207 ST SUITE A-1	
	AVENTURA FL. 33180	
B. If amending the registered agent and/or registered office a	address on our records, enter the	e name of the new regist
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:		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee to act in this capacity. I furth	er agree to comply w

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 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>	Type of Action
MGR	ELIRAN ASSULIN	3565 NE 207 ST SUITE A-1	□Add
		AVENTURA FL. 33180	🗀 Remove
			🖺 Change
MGR	ORIAN AZULAY	3565 NE 207 ST SUITE A-1	
		AVENTURA FL. 33180	Remove
MGR	YAKOV BLIVES	3565 NE 207 ST SUITE A-1	□Add
		AVENURA FL. 33180	□Remove
			= Change
			□Add
			Remove
		<del></del>	Change
<del></del>			□Add
			□Remove
			Change
			□Remove
			□Change

i amending any our	er information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del> </del>		
<del></del>		
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<u>Note:</u> If the date inser	ter than the date of filing:	)207 I us
record specifies a dela d is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated JANUARY 21	$\frac{2021}{\sqrt{c}}$	
	Signature of a member or authorized representative of a member	
0	<b>y</b>	
	ELIRAN ASSULIN  Typed or printed name of signee	



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## **Detail by Entity Name**

Florida Limited Liability Company
FOOD OF ALL NATIONS SUNRISE LLC

**Filing Information** 

Document Number

L22000009019

FEI/EIN Number

NONE

Date Filed

01/03/2022

Effective Date

01/03/2022

State

FL

Status

**ACTIVE** 

Principal Address

7818 NW 44TH ST SUNRISE, FL 33351

Mailing Address

3565 NE 207 S. Suit AI

7818 NW 44TH ST

Aventure F1. 33180

SUNRISE\_FL-33951

Registered Agent Name & Address

ASSULIN, ELIRAN

7818 NW 44TH ST

SUNRISE, FL 33351

Authorized Person(s) Detail

Name & Address

Title P KCQ

ASSULIN, ELIRAN

3565 NE 207 ST. SUITE A-1 AVENTURA, FL 33318-0

Title VP YGD

AZULAY, ORIAN

3565 NE 207 ST. SUITE A-1

AVENTURA, FL 33180

Title T 460-

BLIVES, YAKOV