

L15000080349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

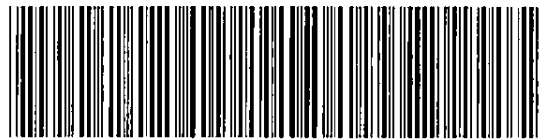
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Special Instructions to Filing Officer.

J. HORNE
OCT 23 2024

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2024 OCT 23 PM 12:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2024

IZQUIERDO CHADWICK, NICOLAS
CONDORES CAPITAL LLC
14 NE 1ST AVE, STE 305
MIAMI, FL 33132

SUBJECT: CONDORES CAPITAL LLC
Ref. Number: L15000080349



We have received your document for CONDORES CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P05000076808.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 624A00020767

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONDORES CAPITAL 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:

Izquierdo Chadwick, Nicolas

Name of Person

CONDORES CAPITAL LLC

Firm/Company

14 NE 1st Ave Suite 305

Address

Miami, FL 33132

City/State and Zip Code

nizquierdo@sunlandgp.com

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

For further information concerning this matter, please call:

Izquierdo Chadwick, Nicolas

305

690 - 8496

at (_____) _____

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 Address:

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

2024 OCT 22 AM 12:52

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated October 15

2024

Signature of a member or authorized representative of a member

NICOLAS IZOUERDO CHADWICK

Typed or printed name of signee

Filing Fee: \$25.00