45000080349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE OCT 2 3 2024
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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

. .

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

COLUMN THE CASE	ES CAPITAL LLC		
301kH2,11	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Izquierdo Chadwick, Nico	las	
		Name of Person	
	CONDORES CAPITAL L	.I.C	
		Firm/Company	
	14 NE 1st Ave Suite 305		
		Address	
	Miami, FL 33132		
		City/State and Zip Code	
	nizquierdo@sunlandgp.con		
P. o. Const. on in Communication		to be used for future annual report noti	neation)
	oncerning this matter, please c		
Izquierdo Chadwick, Nic	colas	305 690 - 8496 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

2024 00 / **22** 11/12: 52

CONDORES CAPITAL LLC

(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia florida document number <u>L15000080349</u>	ability Company were filed on May 6, 2015 and assigned and assigned
his amendment is submitted to amend the follo	wing:
A. If amending name, <u>enter the new name of</u>	the limited liability company here:
SUNLAND HOLDINGS LLC	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	ible:
(Principal office address MUST BE A STREET	TADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE E	<u></u>
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new regist
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new regist
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new regist</u> s <u>here</u> :
Name of New Registered Agent:	gistered office address on our records, enter the name of the new regist

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		 	Change
			□Add
			□Remove
			Change
		· · · · · ·	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

	b
Note:	tive date, if other than the date of filing:
	1
. .	rd specifies a delayed effective date, but not an effective lime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is f	
	October 15 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Datas	
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member
Datec	Signature of a member or authorized representative of a member NICOLAS IZQUIERDO CHADWICK

Filing Fee: \$25.00