L23000121819

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000419221540

11/27/23--01039--021 **120.00

SECRETARY OF STACK



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ROLANDO ENRIQUE R	OCA HERNANDEZ	
		Name of Person	
	SUNWELL KAPITAL SI	ERVICES LLC	
		Firm/Company	
	66 W Flagler Street, 9th F	loor, Suite 900	
		Address	
	MIAMI / FLORIDA, 331.	30	
		City/State and Zip Code	
	legal@swkapital.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
ROLANDO ENRIQUE	ROCA HERNANDEZ	786 2278184	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	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 tadditional copy is enclosed)
Mailing Addres Registration 5		<u>Street Address:</u> Registration Sect	tion
Division of C		Registration Section of Corp	
P.O. Box 632	•	The Centre of Ta	ıllahassee
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303



December 13, 2023

ROLANDO ENRIQUE ROCA HERNANDEZ SUNWELL KAPITAL SERVICES LLC 66 W FLAGLER STREET. 9TH FLOOR, STE 900 MIAMI, FL 33130

SUBJECT: SUNWELL KAPITAL SERVICES LLC

Ref. Number: L23000121819

We have received your document for SUNWELL KAPITAL SERVICES LLC and your check(s) totaling \$120.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6050.

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

Letter Number: 923A00028339

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on		a	ınd assiy	gned
	ch 8th, 2023	a	ınd assiy	gned
1.32000131910				-
rida document number L23000121819				
is amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability company here	<u>2</u> :			
new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or t	the abbrevia	tion "L.L	.c
•	•			
ter new principal offices address, if applicable:				
incipal office address MUST BE A STREET ADDRESS)	 :-	₹0	202	_
		- [:::	2 / F	
		PH	8 20	
ter new mailing address, if applicable:		- 25/2	- b-	jpm,n. ·
ailing address MAY BE A POST OFFICE BOX)		<u> </u>		7" 1
anna dudiess mili population de la company	<u> </u>		3	\
		- 127	- 	
			. <u></u>	
If amending the registered agent and/or registered office address on our recent and/or the new registered office address here:	ords, <u>enter the</u>	name or t	ne new	registe
at and/of the new registered office address nere.				
Name of New Registered Agent:		_		
New Registered Office Address:				
	a street address			
	. Florid			

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 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.

City

Zip Code

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	LUIS FELIPE LOPEZ	66 W Flagler Street.	□Add
		9th FLOOR	■Remove
		MIAMI, FL 33130.	
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□ Rетюче
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

EIN: 32-07228	346				
		-			-
					_
					
					_
					_
				SECKI	<u>.</u>
				AAC B	_
				ASSIN 6	
				P	
				ာ- မှု	_ !
				27 	_
*****					=
				···	_
					_
					_
ective date, if other than the da			(option		
effective date is listed, the date must be e: If the date inserted in this block	does not meet the applica				
ument's effective date on the Depar	tment of State's records.				
cord specifies a delayed effective da	ite, but not an effective tir	ne. at 12:01 a.m. on t	ne earlier of: (b)	The 90th day aff	ter th
s filed.				· · · · · · · · · · · · · · · · · · ·	
NOVEMBER 17, 2023	08:00 AM				
ed		<u> </u>			
	Rolando Fo	Ç			

Filing Fee: \$25.00