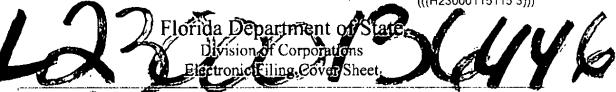
3/27/23, 1:32 PM

**Division of Corporations** 

(((H23000115115 3)))



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000115115 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WERMUTHLAW, P.A. Account Number : I20020000138 Phone : (305)715-7157 Fax Number : (305)715-8982

•• Ent	er t	he	email	address	for	this	busin	ess	entity	to	be	used	for	future
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNRISE COVER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help T. LEMIEUX MAR 2 8 2023

(((H230001151153)))

## **COVER LETTER**

(((H23000115115 3)))

TO: Registration So Division of Cor						
outh in or		COVER LLC				
SUBJECT:	Name of Lin	nted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following				
	ELFPANELL, ESQ., CPA	A, CFP(r), LL M				
		Name of Person				
	WERMUTH PANELL OF	RTIZ, PLLC				
		Firm Company				
	1989 NW 88TH CT, SUF	TE 101				
		Address				
	DORAL, FL 33172					
		City/State and Zip Code	·····			
	eli@wpoław.com	to he used for future annual report no	0.6			
For further information a	concerning this matter, please o	•	uncanon)			
	_					
ELI PANELL, ESQ., CI		305 513-8606	nie Telephone Number			
Name c	of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he following amount.					
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration to Division of CP.O. Box 632 Tallahassee,	Section Torporations 17	Street Address: Registration S Division of Co The Centre of 2415 N. Mont	orporations			
a mail a part a part a part		Tallahassee, FL 32303				

Page: 4 of 6 2023-03-27 18.07:38 GMT 13055138605 From: Eli Panell

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

To:

(((H23000115115 3)))

SUNRISE COV				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears ibility Company)	s on our records.	)	
The Articles of Organization for this Limited Liability Company will adocument number	rere filed on	03/16/2023		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liability	Company," the de	esignation "LLC"	or the abbrev	ration "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		<del></del>
	<del> </del>	<u></u>		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad				
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad				
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad				
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our re	cords, <u>enter t</u>		
	dress on our re	cords, <u>enter tl</u> dastreetaddress	ne name of	f the new regist
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:	dress on our re	cords, <u>enter t</u>	ne name of	the new regist

Thereby 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

(((H23000115115 3)))
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

To:

Title	Name	Address	Type of Action
AMBR	CYNTHIA K CAMPOS FABRES	OSCAR BERMUDEZ 520	□Add
		IQUIQUII: 11124-48 CL	□Remove
			■ Change
			□Add
			☐ Remove
			Change
			□Add
			□Remove
		·- <del></del>	CChange
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			□Change
			□Remove
			Change
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			□Remove
			☐ Change

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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  [ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occurrent's effective date on the Department of State's records.  [record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the distributed attending to the date of a member of a member of authorized representative of a member.		
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LRCA Signature of a member or authorized representative of a member		cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the
Signature of a member or authorized representative of a member	ated	March 27, 2023
LUIS R COEVAS ARAYA	-	Signature of a member or authorized representative of a member
		LUIS R COEVAS ARAYA