

To

Page: 3 of 7

2023-04-21 18:17:34 GMT

13055138605

From: Eli Panell

4/7/23, 1:47 PM

Division of Corporations

((H23000131486 3)))

L23000131486
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000131486 3)))



H230001314863ABC

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 : PANELL LAW GROUP, LLC
Account Number : 120130000088
Phone : (305)513-8606
Fax Number : (305)513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eli@wpolaw.com

**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

2023 APR 21 PM 4:36

Electronic Filing Menu

Corporate Filing Menu

Help

APR 21 2023

< Brumblay

DocuSign Envelope ID: 794FC8BC-0629-43E8-8251-022A93D6AA31

COVER LETTER

(((H23000131486 3)))

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE COVER 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

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

WERMUTH PANELL ORTIZ, PLLC

Firm/Company

1989 NW 88TH CT, SUITE 101

Address

DORAL, FL 33172

City/State and Zip Code

eli@wpolaw.com

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

For further information concerning this matter, please call

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

305 513-8606

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

(((H23000131486 3)))

DocuSign Envelope ID: 794FC88C-0629-43E8-8251-022A93D6AA31

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H23000131486 3)))

SUNRISE COVER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/16/2023 and assigned
Florida document number 1.23090136446.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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:

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

((H23000131486 3)))

DocuSign Envelope ID: 794FCB8C-0629-43E8-8251-022A93D6AA31
 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000131486 3)))

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS F COEVAS CAMPOS	OSCAR BERMUDEZ 520	☐ Add
		IQUIQUE --- 11124-48 CL	☒ Remove
			☐ Change
AMBR	Antonio Coevas Special Needs Tru	1989 NW 88TH CT, SUITE 101	☐ Add
		DORAL, FL 33172	☒ Remove
			☐ Change
AMBR	CYNTHIA K CAMPOS FABRES	OSCAR BERMUDEZ 520	☐ Add
		IQUIQUE --- 11124-48 CL	☒ Remove
			☐ Change
AMBR	LUIS R COEVAS ARAYA	OSCAR BERMUDEZ 520	☐ Add
		IQUIQUE --- 11124-48 CL	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

((H23000131486 3))

[illegible]

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 3/28/2023

LUIS RENE COEURS ARAUJO

Signature of a member of authorized representative of a member

LUIS R COEVAS ARAYA

Typed or printed name of signee

((H23000131486 3)))