

Florida Department of State  
Division of Corporations  
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**L04000049090**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : E ALEX ORTIZ, CPA, PA  
Account Number : 120180000017  
Phone : (305)340-2000  
Fax Number : (786)953-6246

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TEXAS VERTENTE FINANCIAL, LLC

Certificate of Status	0
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M. SOLOMON

AUG 23 2024

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TALLAHASSEE, FLORIDA

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OFFICE OF THE  
CLERK OF THE  
DIVISION OF  
CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEXAS VERTENTE FINANCIAL, 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:

ALEX ORTIZ, CPA

Name of Person

E ALEX ORTIZ, CPA, PA

Firm/Company

2727 PONCE DE LEON BLVD

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ALEX@ALEXORTIZCPA.COM

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

For further information concerning this matter, please call:

ALEX ORTIZ, CPA

305

340-2000

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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEXAS VERTENTE FINANCIAL, 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 06/30/2004 and assigned  
Florida document number L04000049090.

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**)

2727 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

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:

ALEX ORTIZ

New Registered Office Address:

2727 PONCE DE LEON BLVD

Enter Florida street address

CORAL GABLES

Florida 33134

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.

X

Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	REGO, JOAO H	2889 MCFARLANE ROAD	<input type="checkbox"/> Add
		STE 1617-2	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33133	<input type="checkbox"/> Change
MGR	HERACLIO DO REGO, FRANCISCO R	2889 MCFARLANE ROAD	<input type="checkbox"/> Add
		STE 1617-2	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33133	<input type="checkbox"/> Change
MBR	TEXAS FINANCIAL CORP	2889 MCFARLANE ROAD	<input type="checkbox"/> Add
		STE 1617-2	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33133	<input type="checkbox"/> Change
MGR	REGO, JOAO H	2727 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERACLIO DO REGO, FRANCISCO R	2727 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	TEXAS FINANCIAL CORP	2727 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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TALLAHASSEE, FLORIDA

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7-13-68

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If 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 (3)(b)

**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.

If the 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 record is filed.

Dated 8/15/2024

X

Signature of a member or authorized representative of a member

FRANCISCO R HERACLIO DO REGO

Typed or printed name of signee