

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L04000049090

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

From: Account Name : E ALEX ORTIZ, CPA, PA
Account Number : 12018000017
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.

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2024 AUG 23 AM 11:50

OFFICE OF REGISTRARS
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 AUG 23 PM 2:56

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

M. SOLOMON

AUG 23 2024

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 at 305 340-2000
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TEXAS VERTEENTE 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 

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>	<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
MGR	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
MGR	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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STATE
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

N/A

Multiple horizontal lines for amending information.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

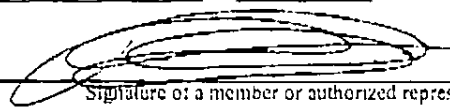
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 signer