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To:		
	Division of Corporations	1
	Fax Number : (850)617-6383	_
From	:	エン
	Account Name : E ALEX ORTIZ, CPA, PA	<i>O</i> 2
	Account Number : I20180000017	-
σ,	Phone : (305)340-2000	-
11.25 T	Fax Number : (786)953-6246	1.00
1 49 7		<u>(</u>
. 2	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	101
HER.	Email Address:	
	LLC AMNU/DESTATE/CODDECT OD M/MC DESIGN	

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

Certificate of Status	0
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M. SOLOMON

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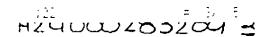
Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sc Division of Cor				
	ertente financial, llc			
SUBJECT:	Name o! Lim	ited Liability Company		
The angloced Articles of	Amendment and fee(s) are sub	mitted for filing		
	ndence concerning this matter			
	ALEX ORTIZ, CPA			
		Name of Person		
	E ALEX ORTIZ, CPA, PA			
		Firm/Company		
	2727 PONCE DE LEON E	BLVD		
		Address		
	CORAL GABLES, FL 33	134		and pro-
		City/State and Zip Code		
	ALEX@ALEXORTIZCPA E-mail address: (.COM to be used for future annual report not	tication)	
For further information of	oncerning this matter, please c	all:		AAY O
ALEX ORTIZ, CPA		305 340-2000		OF STATE
Name o	l Person	Aren Code Daytim	e Telephone Number	20 S
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of \$10 Certified Copy (additional copy is a	atus &
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co		
P.O. Box 632 Tallahassee, I	7	The Centre of	•	

Tallahassee, FL 32303



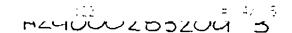
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on	our records.)	
	(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited L Florida document number L04000049090	nability Company w	vere filed on 06/30.	/2004	and assigned
Florida document number	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liabili	ity company here:		
,				
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the design	nution "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli-	enble:			
Principal office address MUST BE A STREE				
Trincipal office mareis Most box 37ND	CT ADDRESSY			
				55 d. 28
Enter new mailing address, if applicable:		2727 PONCE DE L	EON BLVD	2024 A
• • • • • • • • • • • • • • • • • • • •	' ROY)	CORAL GABLES,	FL 33134	A UG
(Mailing address MAY BE A POST OF FICE BOX)			·	- 資製 公 -
			-	<u></u>
B. If amending the registered agent and/or	registered office ad	ldress on our reco	rds, enter the name	of the new resister
agent and/or the new registered office addre	ess here:			* 56
				:- 01
Name of New Registered Agent:	ALEX ORTIZ			
New Registered Office Address:	2727 PONCE DE	E LEON BLVD		
		Enter Florida	street address	
	CORAL GABLE	ES	Florida 3313	4
		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



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>	Name	Address	Type of Action
MGR	REGO, JOAO H	2889 MCFARLANE ROAD	
		STE 1617-2	≅Remove
		MIAMI, FL 33133	Remove AUG
MGR	HERACLIÓ DO REGO, FRANCISCO R	2889 MCFARLANE ROAD	හිදු හිදු
		STE 1617-2	PH 2: 5
		MIAMI, FL 33133	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
MBR	TEXAS FINANCIAL CORP	2889 MCFARLANE ROAD	[]Add
		STE 1617-2	≣Remove
		MIAMI, FL 33133	□Change
MGR	REGO, JOAO H	2727 PONCE DE LEON BLVD	≅ Add
		CORAL GABLES, FL 33134	□Remove
			□Change
MGR	HERACLIO DO REGO, FRANCISCO R	2727 PONCE DE LEON BLVD	∄Add
		CORAL GABLES, FL 33134	□Remove
MBR	TEXAS FINANCIAL CORP	2727 PONCE DE LEON BLVD	■Add
		CORAL GABLES, FL 33134	□Remove
			©Change

D. 11 41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A			
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E. Effe	effective date, if other than the date of filing:	to 60	ና በንበቱ /ን	Ma
Note	1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	be lis	ed as th	r(c)
If the rec record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th filed.	day afte	er the	
Date	g 8/15/2024			
Date				
	X Signature of a member or authorized representative of a member			

Filing Fee: \$25.00

Typed or printed name of signee