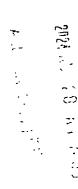
124000037906

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SEP 19 = S. PRATHER

8-28-24 Stacy



July 26, 2024

ALMANZAR ACCOUNTING SERVICES INC DIANA ALMANZAR 9700 NW 4TH LNN MIAMI, FL 33172

SUBJECT: VERTEX CAPITAL PARTNERS LLC

Ref. Number: L24000037906

We have received your document for VERTEX CAPITAL PARTNERS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 324A00016590

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

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Registration Section
Division of Corporations

TO:

subject: Ver	tex Capital Name of Lim	Partners LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dian	a Almanzar Name of Person	
	Almonzar ,	Accounting Servi	ices, Ivc
	9700 N	JW 4th LN Address	
	Miami,	FL 33172 City/State and Zip Code G manzar a ccounting to be used for future annual report notion	
	diana@	9 hmanzar accounting	g.com
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please co	all:	
Diana	Almanzar	at (<u>786</u>) <u>58 -</u> Area Code Daytim	7-5527
Name	of Person	Area Code Daytim	e 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations
,		Tallahassee FI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vertex Capita (Name of the Limited) (A	Party Liability Compai Florida Limited L	ners LLC ny as it now appears on a liability Company)	our records.)	- 1 6 E	
The Articles of Organization for this Limited Liab Florida document number <u>L2400037</u>		were filed on <u>Ol</u>	119/2024	and assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ie limited liabi</u>	lity company here:			
The new name must be distinguishable and contain the word	Is "Limited Liabil	ity Company," the designa	ation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		9700 NO	W 4th LA FL 33172	1	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	9700 N Miami,	w 4th L FL 3317	N 12	_ -
B. If amending the registered agent and/or registered affice address h		ddress on our recor	ds, <u>enter the name</u>	of the new regis	stered
Name of New Registered Agent: New Registered Office Address:	_	1704 ACC	m LN	orvices, I	<u>_</u> nc
	Mia		reet address , Florida	33172 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>	<u>Name</u>	Address	Type of Action
MGR	Juan Esteban	250 Catalonia Auc STE &	23 🛮 Add
	Sanin Gomez	CoralGables, Fl 33134	□Remove
			Change
MGR	German Aldana	250 Catalonia Ave Ste 8	
	Blanco	Coral Gables, FL 33134	□Remove
			🗆 Change
			□Add
			□Remove
			Change
			□ Add
			□ Change
			□ Add
			Remove
			□ Change
			🗆 Add
			□ Remove
			□Change

		·	
an effective Note: If th	late, if other than the date of filing:	filing.) Pursuant to 605.0	
record spo	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
		فيا سيا خ	=
ated	August 22 , 2024 1		53 - H. 1686
	To A	- ·	င်၌
	Signature of a member of authorized representative of a member	· ·	
	Signature of a member of authorized representative of a member Son happy Loro Typed or printed name of signee		四 7 55

Filing Fee: \$25.00