## L24000417267

(Requ	estor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phone	#)
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## **COVER LETTER**

то:	Registration Se Division of Cor			
C11D 1124	Vertex Fina	neiał LLC		
SUBJE	(, ) ;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Alexander Bertot		
			Name of Person	
		Vertex Financial LLC		
			Firm/Company	
		11245 NW 1st Place		
		<del></del>	Address	
		Coral Springs, Florida 330	71	
		abertot43@gmail.com	City/State and Zip Code	
			to be used for future annual report notifi-	cation)
For furt	her information c	oncerning this matter, please c	ail:	
Alexano	der Bertot		954 849-3680	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
€ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	[7] \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S	Section	Registration Sec	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>ny as it now appears o</u> Jability Company)	n our records.)		
were filed on 09/25/	2024	and a	ssigned
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Enter Florida	street address		-
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	ility company here: ity Company," the designed designed address on our reco	ility company here: ity Company," the designation "LLC" or the address on our records, enter the na	ility company here:  ity Company," the designation "LLC" or the abbreviation  inddress on our records, enter the name of the n

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 **Type of Action** <u>Address</u> Title Name \_\_\_\_\_ □Change □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ □Remove □ Change \_\_\_\_ □Add \_\_\_\_ □Remove

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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not	t meet the appli	icable statutory i	or more than 90 da Hing requiremen	(optional) ys after filing.) Pursu its, this date will n	ant to 605.0207 of be listed as
the record specifies a delay ) The 90th day after the re			ot an effectiv	e time, at 12	:01 a.m. on th	ne earlier ol
Dated		2024				
A.	/ <b>/</b>					
411	4					

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Filing Fee: \$25.00