

M20000005173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

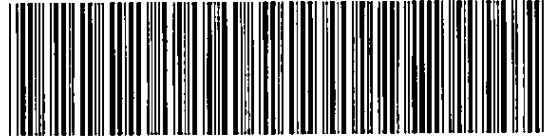
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**J. HORNE**  
**JAN - 4 2023**

Office Use Only



700399674127

FILED  
2023 JAN - 4 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
11/07/22--01013--046

RECEIVED  
2023 JAN - 4 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vaz Financial LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald Vazquez Pedraza  
Name of Person

Vaz Financial LLC  
Firm/Company

1000 N West St Suite 1200  
Address

Wilmington, DE 19801  
City/State and Zip Code

gerald@vazfinancial.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Vazquez Pedraza at (919) 478-9280  
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Vaz Financial LLC

Enter new principal office 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

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2023 JAN -4 PM 4:58

FILED

2. The Florida document number of this limited liability company is: M200000051

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/10/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Latino Mortgage Group LLC  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
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.

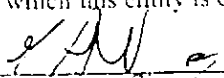
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Gerald Vizquez Pedraza  
Typed or printed name of signee


Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LATINO MORTGAGE GROUP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF OCTOBER, A.D. 2022.

  
Jeffrey W. Bullock, Secretary of State

5890786 8300

SR# 20223751576

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204610751

Date: 10-12-22

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Van Financial LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

New name of the company will be Latino Mortgage Group LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 12 day of October, A.D. 2022.

By: 

Authorized Person(s)

Name: Gerald Vazquez

Print or Type