

L11 000019036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

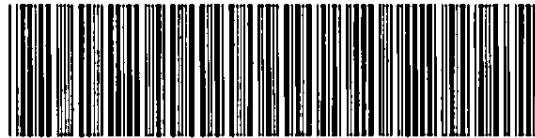
(Business Entity Name)

(Document Number)

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2020 DEC 29 AM 11:41

2/5/21
SJA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DDD LATITUDE INVESTMENTS, 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:

PEDRO P. SAEZ

Name of Person

SAEZ & ASSOCIATES

Firm/Company

777 BRICKELL AVE, SUITE 1110

Address

MIAMI, FL 33131

City/State and Zip Code

admin1@saezlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALEXANDRA SAYAGO

at (305) 358-0028

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DDD LATITUDE INVESTMENTS, 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 02/14/2011 and assigned
Florida document number L11000019036.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

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

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	MARIA PATRICIA HANDAL FARAH	777 BRICKELL AVENUE, SUITE 1110	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOUTH PACIFIC MANAGEMENT LLC	777 BRICKELL AVENUE, SUITE 1110	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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E. Effective date, if other than the date of filing: 12/25/2020 (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 DECEMBER 25, 2020

Maria Patricia Handal

Signature of a member or authorized representative of a member

MARIA PATRICIA HANDAL FARAH

Typed or printed name of signee

Filing Fee: \$25.00

Certificate of Authenticity

Session Information

Signing Session ID:	561157a9-bcd6-4b0a-9b22-a5d49dc0bf02	Status:	Completed
Transaction Name:	6305 Indian Creek Dr #4G Patty handal Farah	Created On:	12/28/2020 4:20:22 PM EST
Session Title:	Documentos de Patricia Handal	Last Modified:	12/28/2020 4:31:25 PM EST
Documents:	1	Owner:	William Zalaquett
Signers:	1	Company:	The Keyes Company

Signer Information

Signature Events	Signature	Timestamp
Maria Patricia Handal	<i>Maria Patricia Handal</i>	Sent: 12/28/2020 4:25:54 PM EST
Diego.malky@colinasdeachumani.com		Viewed: 12/28/2020 4:30:34 PM EST
Signer Security: Email	IP Address: 181.188.164.120	Disclosure: 12/28/2020 4:30:34 PM EST
	ID: 6a890365-3ba6-40cb-be5c-c8f80b4d5285	Signed: 12/28/2020 4:31:24 PM EST

Session Documents

Document	Signatures	Initials	Dates	FormFields	Dropdown	Checkbox	RadioButton
MariaPatriciaHandalFarahCompanyAmendments.6.pdf	6	0	0	0	0	0	0

Session Activity

Timestamp	IP Address	Activity
12/28/2020 4:31:25 PM EST	181.188.164.120	Session completed and closed by William Zalaquett
12/28/2020 4:31:24 PM EST	181.188.164.120	Signing Completed by Maria Patricia Handal (Diego.malky@colinasdeachumani.com)
12/28/2020 4:30:34 PM EST	181.188.164.120	Signature created and disclosure approved by Maria Patricia Handal (Diego.malky@colinasdeachumani.com)
12/28/2020 4:25:54 PM EST	207.244.187.127	Invitation sent to Maria Patricia Handal(Diego.malky@colinasdeachumani.com) by William Zalaquett
12/28/2020 4:25:54 PM EST	207.244.187.127	eSignOnline Session Created by William Zalaquett

Disclosure

Consumer Disclosure

Please read the information below regarding the terms and conditions of receiving documents, contracts, and disclosures electronically through the eSign Online electronic signature system. If this information is to your satisfaction and you agree to the terms and conditions, please confirm your acceptance and agreement by checking the box 'I Agree to the above Consumer Disclosure' and selecting the 'Create and Approve Signature button'.