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(Requestor's Name)
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COVER LETTER

то:	New Filing Sec Division of Cor						
SUBJE	****	Latitude, LLC					
SUBJE	UI:		mited Liabil	ty Company	,	-	
The enc	losed Articles of	Organization and fee(s) a	re submitted	for filing.			
Please re	eturn all correspo	ondence concerning this m	natter to the f	ollowing:			
	Michelle V.	Meyer					
			Name of	Person			
		-	Firm/Co	mpany			_
	325 Beach R	oad, #309					-
	<u> </u>	•	Addr	ess	, ••••		_
	Tequesta, FL	. 33469					
	Michelle@Me	eyerLawFirmFL.com	City/State an	d Zip Code			
	F	E-mail address: (to be used	d for future a	nnual report notification	on)		<u>. </u>
For furthe	r information co	ncerning this matter, pleas	se call:				
	Michelle V. M		508	347-0312			
				Daytime Telephone		-	
Enclosed	d is a check for th	ne following amount:					
■\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status		Certific	5.00 Filing Fee & ed Copy ol copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status Copy	&	
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810	ALL . THE OP	2022 SEP - 1 AH 1:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	is:	
Change in Latitude, LLC (Must contain the word	ls "Limited Liability Company, "L.L.C	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabi	lity Company is:
Principal Office Ad	ldress:	Mailing Address:
325 Beach Road	325 Beach	Road
#309	#309	
Tequesta, FL 33469	Tequesta	FL 33469
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florid	e as its own Registered Agent. You m a registration.)	gnature: oust designate an individual or
The name and the Florida street address of th	ie registered agent are:	
Michelle	V. Meyer	
	Name	
	h Road, #309	
Florida si	treet address (P.O. Box NOT accepta	ble)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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..

FL

State

33469 Zip

Tequesta

City

Registered Agent Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Colette K. Meyer, Manager Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)		= Authorized Member Manager	Name and Address:	
(Use attachment if necessary) TCLE V: Effective date, if other than the date of filing: (OPTIONAL) In effective date is listed, the date must be specific and cannot be more than five business days prior to or late of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will redocument's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statute: I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Colette K. Mever, Manager Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Colette	K. Meyer, MCR	184 Shelter Lane Tequesta, FL 33469	
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:	Michelle	V. Mever, MGR	#309	
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