

L09000 10/121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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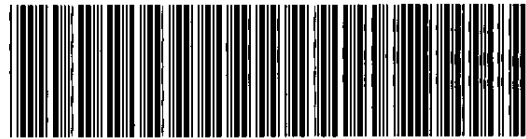
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 26 PM 12:38

T. HAMPTON

8 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Latitude Foods, 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:

Pamela G. Speir
Name of Person

Womble Carlyle Sandridge & Rice, PLLC
Firm/Company

One Wells Fargo Center, Suite 3500, 301 S. College St.
Address

Charlotte NC 28202-6037
City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela G. Speir at (704) 331-4927
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



One Wachovia Center
301 South College Street
Suite 3500
Charlotte, NC 28202-6037
Telephone: (704) 331-4900
Fax: (704) 331-4955
www.wcsr.com

Pamela G. Speir
North Carolina Certified Paralegal
Direct Dial: (704) 331-4927
Direct Fax: (704) 338-7833
E-mail: pspeir@wcsr.com

August 25, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Latitude Foods, LLC (the "Company")

Dear Sir or Madam:

Attached please find the following for filing in your office:

- (1) One original signed Articles of Amendment for the Company; and
- (2) Our firm check in the amount of \$55.00 for the filing fee and one certified copy.

Once filed, please return filing receipt and the Certified copy of this filing to me in the enclosed federal express envelope. Please call me if you have any questions.

Sincerely,

WOMBLE CARLYLE SANDRIDGE & RICE
A Professional Limited Liability Company

Pamela G. Speir

Enclosures

cc: Cyrus M. Johnson, Jr., Esq.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 AUG 26 PM 12:38

Latitude Foods, 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 10/20/2009 and assigned
Florida document number L09000101121.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1462 Spruce Ave.

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32824

Enter new mailing address, if applicable:

(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:

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 608, 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

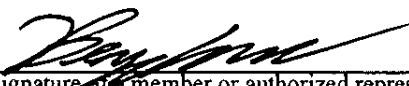
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leo Calligaro	6101 Highway 524 Cocoa, FL 32926	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Gregory Halikman	587 Brookwood Lane Maitland, FL 32751	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 22, 2011


 Signature of a member or authorized representative of a member

Benjamin R. Barber

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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