

L12000108997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

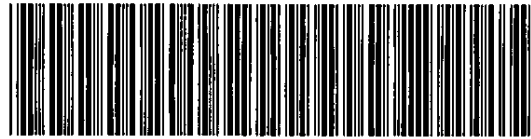
(Business Entity Name)

(Document Number)

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

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2014 MAY 23 AM 11:57  
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B. BOSTICK

MAY 27 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Latitude Y, 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:

**Dennis Flanagan**

Name of Person

**Allegiant Title, LLC**

Firm/Company

**100 N. Biscayne Blvd., Ste 2106**

Address

**Miami, FL 33132**

City/State and Zip Code

**df@allegiant-title.com**

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

For further information concerning this matter, please call:

**Dennis Flanagan**

Name of Person

**305 672-1222**

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

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

**Latitude Y, 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 08/23/2012 and assigned Florida document number L12000108997.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

100 N. Biscayne Blvd.

Suite 2106

Miami, FL 33132

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

100 N. Biscayne Blvd.

Suite 2106

Miami, FL 33132

**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*

*City*

*, Florida*

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<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
		_____	

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

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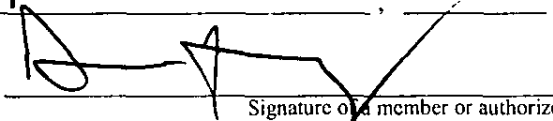
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 25th, 2014



Signature of a member or authorized representative of a member

Dennis Flanagan

Typed or printed name of signee

2014 APR 23 AM 11:57

APR 23 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2014

DENNIS FLANAGAN  
ALLEGiant TITLE, LLC  
100 N. BISCAYNE BLVD., SUITE 2106  
MIAMI, FL 33132

SUBJECT: LATITUDE Y LLC  
Ref. Number: L12000108997

We have received your document for LATITUDE Y LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 414A00010130

2014 MAY 23 AM 11:51

2014 MAY 23