(12000113912

(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:	

Office Use Only



500249256745

06/27/13--01015--013 **35.00

2013 JUL 24 PH 12: 36

JUL 24 2013 T CLINE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2013

CECIL LATTA 25 TOWN CENTER BLVD CLERMONT, FL 34714

SUBJECT: LATITUDE SALES AND MARKETING, LLC

Ref. Number: L12000113912

We have received your document for LATITUDE SALES AND MARKETING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 013A00016487

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Latitude Sales and Marketing, LilC 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:
Cecil LAHA Name of Person
Lattitude Sales and Marketing, LLC Firm/Company
25 TOWN Center Blvd
Clermont, FL 34714 City/State and Zip Code
Clatta @ Latituderesorts. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cecil Latta at (407) 467-2127 Area Code & Daytime Telephone Number ARR 2
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) \$\text{Certified Copy} \text{Certified 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

Name of the Limited Liability Company (A Florida Limited Liab	and Marketing LLC as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document numberL_1_2_00_0113912_	ere filed on O9 · 12 · 12 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	25 Town Center Blvd Clermont, FL 34714
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25 Town Center Blud Clermont, FL 34714
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	ASSET 22
	Enter Florida street address, , Florida

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 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 **Address Type of Action** <u>Title</u> **Name** 610 Trumpet Place X Add Damaris Latta Celebration FL Remove 34747 Cesar lleja Alvarez 1104 Cirrus Court Add MGRM ORlando FL 32835 Remove \mathcal{G} Remove Remove Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	
	Tutta-
	Signature of member or authorized representative of a member
	Cecil Latta
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

ECRETARY OF STATE

.