# L1500042900

(Re	questor's Name)	
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2015 SEP 16 P 2: 06
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SEP 1 7 2015

**3 MASON** 

## COVER LETTER

то:	Registration Section Division of Corpo			·
CUDIE		ONE FINANCIAL ASSOCIA	ATES, LLC	
SUBJE		Name of Limi	ited Liability Company	
The end	closed Articles of Ar	nendment and fec(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		SARAH	Name of Person	12
			0. 40	
		_	Firm/Company	
		P.O. Bo x	228204 Address	<u>.</u>
			Address	
		MIAMI	F1 33222 City/State and Zip Code	
		SARAHI. ( E-mail address: (t	on @ Latitude of the be used for future annual report notification	ne financial. com
For furt	her information con	cerning this matter, please ca	ıll:	
SAR	phi Moje	ena Cruz	at (786) 985 Area Code Daytime	0914
	Name of P	erson	Area Code Daytime	: Telephone Number
Enclose	ed 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 ONE FINANCIAL AS			
(Name of the Limite	d Liability Comp A Florida Limited	pany as it now appears on or d Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number L15000042900	ability Compan	ny were filed on 03/09/20	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Lial	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET	( ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 228204 MIAMI, FL 33222	
B. If amending the registered agent and/or registered agent and/or the new registered off			records, enter the name of the new
Name of New Registered Agent:	SARAHI MC	DJENA CRUZ	
New Registered Office Address:	10235 SW 24	TH ST APT C152	
		Enter Florida str	eet address
	MIAMI		, Florida 33165
		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

Page 1 of 3

Page 1 of 3

Page 2 of 3

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>	Type of Action
MGR	AMASTHA, CARLOS M	10040 SW 161 PL	
		MIAMI, FL 33196	■ Remove
			☐ Change
MGR	MOJENA CRUZ, SARAHI	10235 SW 24TH ST APT C152	
		MIAMI, FL 33165	Remove
			□ Change
			□ Add
			☐ Remove
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		·	<u>⊘⊅</u> Remove
			OF STATE
			DRID 2: 0

fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cumot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 to disc. If the date instructed in this look does not meet the applicable statutory filing requirements, this date will not be listed record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.  September 14  September 15  Filing Fee: \$25.00  Page 3 of 3  Filing Fee: \$25.00					
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