

L17000161541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

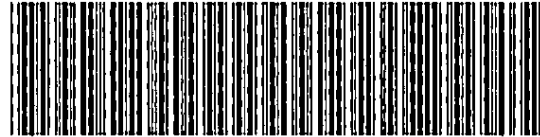
(Business Entity Name)

(Document Number)

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SEC. OF STATE

FILED

3/12/21

COVER LETTER

Registration Section
Division of Corporations

LATITUDE PRODUCTS, LLC

F: _____
Name of Limited Liability Company

osed Articles of Amendment and fee(s) are submitted for filing.

turn all correspondence concerning this matter to the following:

DANIEL DESTRO

Name of Person

LATITUDE PRODUCTS, LLC

Firm/Company

19261 WOOD SAGE DR

Address

TAMPA, FL 33647

City/State and Zip Code

dan.destro@gmail.com

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

urther information concerning this matter, please call:

DANIEL DESTRO

Name of Person

at (407) 371 7423

Area Code

Daytime Telephone Number

osed 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

LATITUDE PRODUCTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 07/28/2017 and assigned document number L17000161541.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

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

new principal offices address, if applicable:

principal office address MUST BE A STREET ADDRESS)

or new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX)

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 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

ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
ed from our records:

Manager

= Authorized Member

[illegible]

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/26 2021

Signature of a member or authorized representative of a member

DANIEL DESTRO

Typed or printed name of signee