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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

LATITUD 10 COCOA PRODUCTS, LLC SUBJECT: 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: SILVANA A, PEZZOPANE HINOJOSA Name of Person LATITUD 10 COCOA PRODUCTS, LLC Firm/Company 3318 GREENWICH VILLAGE BLVD - APT 101 Address ORLANDO, FL 32835 City/State and Zip Code isabelmultiservices@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: SILVANA A. PEZZOPANE HINOJOSA Daytime Telephone Number Name of Person Enclosed is a cheek for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations**

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATITUD 10 COCOA PRODUCTS, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Lial	oilny Company)	
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L18000141799}{L18000141799}$.	ere filed on06-07-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N
(Principal office address MUST BE A STREET ADDRESS)	·	2 001
- 		7 PH
Enter new mailing address, if applicable: (Mailing wilds with MAY RE + POST OFFICE ROY)		٠- ا
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new registered
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 provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, if	miliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	WILMER A. JIMENEZ ROJAS	2749 N PONCIANA BLVD	□∧dd
MGR - AMB	BR, PARTNER, OWNER OF 50%	UNIT 20	■Remove
		KISSIMMEE, FL 34746	
AMBR	MARIANA V. BETHENCOURT	2749 N PONCIANA BLVD	■Add
MGR - AMI	BR, PARTNER, OWNER OF 50%	UNIT 20	□Remove
		KISSIMMEE, FL 34746	□Change
			22\dd- 001
			☐ ☐ ☐Remove
			⊋ ∺ ⊊ <u>G</u> Change
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fectiv	re date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	5.0207
<u>ote:</u> 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	
cume	nt's effective date on the Department of State's records.	
is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte d.	er the
	10/15/2022	
uca _	/	
uca _	Signatucula member of authorized representative of a member	

Typed or printed name of signec-



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Detail by Entity Name

Florida Limited Liability Company LATITUD 10 COCOA PRODUCTS, LLC

Filing Information

Document Number

L18000141799

FEI/EIN Number

83-0873496

Date Filed

06/07/2018

Effective Date

06/07/2018

State

FL

Status

ACTIVE

Principal Address

1504 MAX HOOKS ROAD

SUITE D

GROVELAND, FL 34736

Changed: 03/07/2019

Mailing Address

1504 MAX HOOKS ROAD

SUITE D

GROVELAND, FL 34736

Changed: 03/07/2019

Registered Agent Name & Address

PEZZOPANE HINOJOSA, SILVANA A 3318 GREENWICH VILLAGE BLVD

APT 101

ORLANDO, FL 32835

Name Changed: 06/09/2020

Address Changed: 06/09/2020

Authorized Person(s) Detail

Name & Address

Tille MGR - AMBR, PARTNER, OWNER OF 50%

PEZZOPANE HINOJOSA, SILVANA A 3318 GREENWICH VILLAGE BLVD

APT 101

ORLANDO, FL 32835

Title MGR - AMBR, PARTNER, OWNER OF 50%

JIMENEZ ROJAS, WILMER A 2749 N PONCIANA BLVD UNIT 20 KISSIMMEE, FL 34746

Annual Reports

Report Year	Filed Date
2020	06/09/2020
2021	04/08/2021
2022	04/06/2022

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