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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LATITUDE 2545 LLC

Certificate of Status	0
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T. LEMIEUX

MAY 3 1 2023 Help

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATITUDE 2545 LLC		7 5	. •		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/27/20)23	and	d assign	ed
lorida document number L23000154752	<u>_</u> ·				
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the al	bbreviatio	n "L.L.C.	,,
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>				
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered	affice address on our record	ls enter the nan	ne of the	now re	
gent and/or the new registered office address here:	white address on our record	s, ther the nan	ic of the	<u> </u>	<u> </u>
Name of New Productional Armst		Š		202	
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida str	vat addrass		<u> </u>	
	Enter Florida Siri			ښ	
		, Florida			
	Cin:		·7in (ode	
New Registered Agent's Signature, if changing Registered	City		Zip C -	ښ nde	

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 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>	Name	Address	Type of Action
AMBR	HURSTEL, Elena	7901 4th St NSTE 300	Z i Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Remove
			□Add
			□ Remove
			□Remove
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

If amending any other infor					
411111111111111111111111111111111111111					
					
			<u>.</u>	12.2.2.	
			<u> </u>		
		## 			
				TV SERIE III.	
					
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ffective date, if other than that if an effective date is listed, the date in this locument's effective date on the	block does not meet the ap	plicable statutory fil	(option more than 90 days after ing requirements, this	o nal) : filing.) Pursuant to 605.01 s date will not be listed	207 (l as ti
record specifies a delayed effectis filed.	ive date, but not an effectiv	ve time, at 12:01 a.m	i, on the earlier of: (b) The 90th day after the	he
ated May 29	. 2023	·			
	Signature of a member or a	- Smrth	wa of a mush s		
	Signature of a member or a	nunorizea representati	ve or a member		
	Mat	Smith			

Filing Fee: \$25.00