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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	



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Office Use Only

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	CHARLE .	sort Properties, LLC					
SUBJEC	~!: 	Name of Lim	ited Liability Company				
The and	and Assistance of	Amendment and fee(s) are sub	mitted for filing				
		indence concerning this matter					
		Richard A. Eckert, Jr.					
			Name of Person				
		Latitude Resort Properties,	LLC				
		-	Firm/Company				
		909 Santa Rosa Blvd Unit	532				
			Address				
		Fort Walton Beach, FL 325	548				
			City/State and Zip Code				
		richard@eckert.com					
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information c	oncerning this matter, please c	all;				
Richard.	A. Fckert, Jr.		850 225-0074				
	Name o	f Person	at () Area Code Daytin	ne Telephone Number			
Enclosed	l is a check for th	ne following amount:					
■ \$2 5.	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 Addres		Street Address:				
	Registration S Division of C		Registration Se Division of Co				
	P.O. Box 632		The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)			
			ned		
Howing:					
of the limited lial	bility company here:				
words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C	 C."		
icable:					
<u>ET ADDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		909 Santa Rosa Blvd Unit 532 Fort Walton Beach, FL 32548			
ess here:		ls, enter the name of the new i	regis		
909 Santa Rosa Blvd. unit 532		8			
	Enter Florida st				
	Сиу	Zip Gode			
	Howing: of the limited liab words "Limited Liab icable: ET ADDRESS) Fregistered office ress here: Richard A. Eck 909 Santa Ross	Howing: of the limited liability company here: words "Limited Liability Company," the designaticable: EET ADDRESS) 909 Santa Rosa Blyd Fort Walton Beach, Fl registered office address on our recordess here: Richard A. Eckert, Jr. 909 Santa Rosa Blyd, unit 532 Enter Florida str Fort Walton Beach	Howing: of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. or the abbreviat		

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.

a. a. OA. 9 Kut/

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
MGRM	Eckert, Richard Allen Jr	909 Santa Rosa Blvd Unit 532	■Add
		Fort Walton Beach, FL 32548	□Remove
			Change
			□ Add
			□Remove
			☐Change
			□Add
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ffective (late if other	than the date	of filings			1	metamal)	
an effectiv	e date is listed, i	he date must be s	pecific and cann	not be prior to d	ate of filing or n	ore than 90 days	ptional) after filing.) Pursu	ant to 605.020
ocument's	e date inserted at	e on the Depart	nes not meet ment of State	ine applicable 's records.	statutory filin	g requirements	, this date will no	ot be listed a
record spe	cifies a delay	ed effective dat	e, but not an e	ffective time,	at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after the
is filed.								,
N 7								
ated Nov	ember 9			······································				
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	-	/hulu	<u> </u>	45	5//			
		Signs	iture of a memb	er or authorize	d representative	or a member		

Filing Fee: \$25.00





October 24, 2023

RICHARD A. ECKERT JR. 909 SANTA ROSA BLVD UNIT 532 FORT WALTON BEACH, FL 32548

SUBJECT: LATITUDE RESORT PROPERTIES, LLC

Ref. Number: L23000243221

We have received your document for LATITUDE RESORT PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6353.

Alecia Rivers Regulatory Specialist III

Letter Number: 423A00024655

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