

L10000004081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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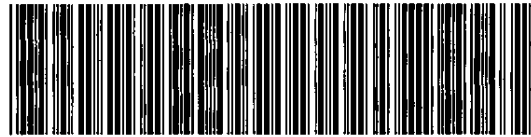
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 14 AM 10:46

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T. CLINE

SEP 15 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AP HUDSON ENTERPRISES LLC
(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:

MARCO REIS

(Name of Person)

USA TAX CORPORATION

(Firm/Company)

591 E. SAMPLE RD

(Address)

POMPANO BEACH, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS

(Name of Person)

at (9 5 4) 7 8 8 - 1 8 1 8

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed 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**

AP HUDSON ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/12/2010 and assigned
Florida document number L10000004081.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

B. 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:

591 E. SAMPLE RD # 162

(Enter Florida street address)

POMPANO BEACH

(City)

Florida

33064

(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
MGRM	HUDSON R. CORREA	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove
MGRM	ANTONIO P. DE SOUZA	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove
MGRM	SANDRA LUCIA C. DE BRITO	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove
MGRM	ROBERTA CLARO R. CORREA	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove
MGRM	PATRICIA G. DE SOUZA	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove
MGRM	BERNARDO MENDONCA CALDAS	591 E. SAMPLE RD SUITE 162 POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Add Remove

2010 SEP 14 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE II

PLEASE CHANGE THE BUSINESS LOCATION AND MAILING ADDRESS TO:

591 E. SAMPLE RD SUITE 162

POMPANO BEACH, FL 33064

Dated SEPTEMBER, 9TH 2010

Signature of a member or authorized representative of a member

LUIZ JORGE P. CALDAS

Typed or printed name of signee