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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

MAY 8 2012

COVER LETTER

TO:	Registration S Division of Co	•			
SUBJE	CT:	Hudson Mano Name of Lim	sement Services, LL (
The end	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please i	return all corresp	ondence concerning this matter	to the following:		
		5+	Name of Person		
		**************************************	Nume of Person	Security Sec	
		Hudson	Management Services	<u>((</u>	
			ne Blud # 1004 Address	BIZMAY - 4 AM 8: 42 SECRETARY OF STATE LLIAHASSEE FEORIDA	
			· ·		_
	•	North A	City/State and Zip Code		8
	•		City/State and Zip Code		ľ
		Stephen '	HMS @ Gma: 1. com to be used for future annual report notification	G	
	•	lo-mail address: (to be used for future annual report notification		
हिला क्षिप्र	ther information (concerning this matter, please c	eatl:	> N	
····	Stephen	, Leo	at (30 5) 903-00 c	7	
	, Name	of Person	Area Code & Daytime Tek	phone Number	
			•		
Enclose	ed is a check for t	the following amount:			
X 525.	.00 Fifing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	,	, ,	•		
	Regist - Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations Jox 6327 rassec, FL 32314	STREET/COURIER / Registration Section Division of Corporation Clitton Building 2661 Executive Center of Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hudson Man	agence + Services it	<u>, ((</u>			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our r ted Liability Company)	ecords.)			
The Articles of Organization for this Limited Liability Comp	pany were filed on	17	and as	signed	
Porida document number <u>∠ /20000 1833</u> .					,
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 de	signation "Ll	.C" or the	abbrevia	ition
L.L.C.			<u>≅</u> :	28	
Enter new principal offices address, if applicable:	ر برین معربین د م رفود و استان استان استان استان برین برین برین برین برین برین برین برای برای برای برای برای برین برین برین برین برین برین برین بری		<u>- (3)</u>	<u> </u>	
Principal office address MUST BE A STREET ADDRES.	<u>si</u>		王帝	<u> </u>	
			(S)		
,	•			•	f yy
Enter new mailing address, if applicable:			- S	R	- I 3
Mailing address MAY BE A POST OFFICE BOX)	destination of the second		37	Ö	
			5 H	12	
	allerine draupper reference (TE 1977) (1977) (1974)	• L			
8. If amending the registered agent and/or registered		ds, <u>enter th</u>	e name (of the r	1cw
registered agent and/or the new registered office address	<u>here</u> :				
· ·		•			
Name of New Registered Agent:					b-12-1
New Registered Office Address:	•				
	Enter Florida	a street addr	255		
	. 1	. Florida			
**************************************	Ciry		Zip Cod	e .	
Desistand trant's Signature if changing Bagistanad to	hadel for				

New Registered Agent's Signature, if changing Registered Agent:

Livereby 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. Thereby confirm that the limited liability or apparry 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 Title Address Type of Action Name MGRM M GRM. Remove Remove ∏ Add Remove ∐Add Remove □Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member-

Page 2 of 2

Filing Fee: \$25.00