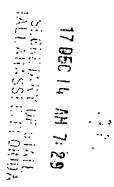
L1200080930

	lı
(Requestor's	Name)
	d.
	<u> </u>
(Address)	
(Address)	-
(City/State/Zip	/Dhana #N
(City/State/Zi)	Jirnone #)
	_
PICK-UP W	AİT 🔲 MAIL
],
(Business En	tity Name)
	ľ
(Document N	umber)
	Į.
Certified Copies Cer	tificates of Status
	;ı
	<u>].</u>
Special Instructions to Filing Office	per:
	l I
	\{\bar{\}}
	li
	<u> </u>
Office	Jse Only



500306651815

12/14/17--01018--004 **25.00



COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	HUDSON,	PEDEN, &	KIRKLAND, CPA	AS, LLC		
SUBJECT.		- - ! .	Name of Lim	ited Liability Company	·	
			ı			
The enclosed	l Articles of	Amendment	and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence con	erning this matter	to the following:		
		JOSHU.	i A S. PEDEN			
		-,	·	Name of Person	- 11	
		HUDS	, N, PEDEN, & KII	RKLAND, CPAS, LLC		
				Firm/Company		-
		7201 N	9TH AVE. SUITE	E 4-A		
				Address		<u> </u>
		PENSA	COLA, FL 32504			
		iocnar	H IDSONDEDEN	City/State and Zip Code		
		10311@1	HUDSONPEDEN. E-mail address: (to be used for future annual r	eport notificatio	n)
For further in	nformation c	oncerning th	 is matter, please c	all:		
JOSHUA S.	PEDEN			850 696	-2750	
	Name o	f Person	•	Area Code	Daytime Tele	phone Number
Enclosed is a	check for th	ne following	amount:			
■ \$25.00 F	Filing Fec		Filing Fee & ificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDR		l i		COURIER A	DDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Bo	ox 6327		Clifton Bu	uilding	
Tallahassee, FL 32			314 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUDSON, PEDEN, & KIRKLAND, CPAS, 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 _UNE 19, 2012 and assigned Florida document number L12000080930 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HUDSON, PEDEN, & ASSOCIATES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address Florida 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 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 inwriting of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed	ig Authorized Perso i from our records:	n(s) authorized to man	age, enter the title, name, and address of each	person being added
MGR = N AMBR = A	Manager Authorized Member	} 		
<u>Title</u>	<u>Name</u>	1	Address	Type of Action
		ļi.		Add
				□ Remove
		ļi I		Change
		 		Add
		ı		Remove
		ļ. 		Change
		- - -	•	Add
		 		□ Remove
		ı		Change
				Remove
				Change
		<u> </u>		Add
				Remove
		1		Change
		<u> </u> - 		
				Remove
		į		Change

amending any other i	nformation ent	ter change(s) here: /	Attach additional sk	heets if necessary)	
amending any other i	.	ter change(s) here: {	Allach dadillonal Sr	ieeis, y necessary.	,	
	<u> </u>	<u> </u>				
						_
	,					
						_
	- 		*****			_
	<u> </u>					_
			_			_
]· 					
<u> </u>						_
	<u>. </u>					_
						_
	<u> </u>		<u></u>			_
				··· · · · · · · · · · · · · · · · · ·	<u> </u>	
		 -		<u> </u>		
	<u> </u>				5	- ,
					::-<	
	0			•		
	Ī					-
	<u> </u>				<u>::::/</u>	_
) 	12/12/2017				
fective date, if other to a server of the se	e date must be specifin this block does on the Departmen	fic and cannot be prior to de not meet the applicable it of State's records.	statutory filing requi	rements, this date w	vill not be li	sted a
record specifies a c The 90th day after t	delayed effecti the record is fi	ve date, but not ar led.	n effective time,	at 12:01 a.m. o	n the ear	lier d
ted DECEMBER 12	_	2017				
	J. 9. 4	Palm				
	Signature	of a member or authorized	d representative of a me	ember		
JOSHUA S. PE	DEN					
		Typed or printed na	me of signee		_	
		Page 3 o	of 3			

Filing Fee: \$25.00