

1/13/14

Jan. 13, 2014 3:28 PM

**L14000004146**

Division of Corporations

P. 1/4

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H14000009544 3)))



H140000095443ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

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

Email Address: jim.alberdi@ajarango.com

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14 JAN 13 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALBERDI HUDSON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. BOSTICK

JAN 14 2014

EXAMINER

((H1400009544 3))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALBERDI HUDSON, 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 January 8, 2014 and assigned Florida document number L1400004146.

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."

Enter new principal offices address, if applicable:

1516 E. 8th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33605

Enter new mailing address, if applicable:

1516 E. 8th Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33605

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 \_\_\_\_\_

*City*

*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 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 Changing Registered Agent, Signature of New Registered Agent

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**  
(((H14000009544 3)))

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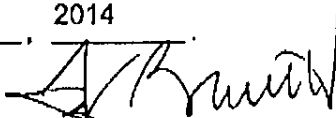
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 13, 2014



Signature of a member or authorized representative of a member

**Leslie J. Barnett**

Typed or printed name of signee

2014 JAN 13 PM 1:17  
TALLAHASSEE, FLORIDA