# L15000055401

(Re	equestor's Name)	)
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700290838087

10/05/16--01018--001 \*\*60.00

2016 OCT -5 P 3: 33

D. BRUCE OCT 06 2016

# **COVER LETTER**

TO: Registration Se Division of Co			
Hudson Op SUBJECT:	pportunity Fund I Advisor LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Steven Michael		
		Name of Person	
	Hudson Opportunity Fund	I Advisor LLC	
•		Firm/Company	
	20 South Swinton Avenue		
		Address	
	Delray Beach, FL 33444		
		City/State and Zip Code	
	compliance@hudsonholdin	-	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	alf:	2016
Steven Michael		561 594-0799	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		<u> </u>
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Hudson Opportunity Fund I Advisor LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records,) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 3/30/2015	_ and assigned
Florida document number L15000055401		
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 contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-44 41	<del></del>
	روع <b>کنا</b> ر در الم	2
Enter new mailing address, if applicable:	7	- marie entry
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>	ET ~	<u>دا</u> •
	e en	U ,
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the nev
registered agent and/or the new registered office address here:	ライ ファイル ファイル ファイル ファイル ファイル ファイル ファイル ファイ	ω ω
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

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>	Name	<u>Address</u>	Type of Action
MGR	Hudson Real Estate Manger LLC	20 S Swinton Ave	Add
		Delray Beach, FL 33444	Remove
			☐ Change
MGR	Steven Michael	20 S Swinton Ave	■ Add
•		Delray Beach, FL 33444	☐ Remove
•			□ Change
			Add
			Remove
		<u> </u>	Ghange Gh
			Remove
			□ Change
			□ Remove
			□ Change
			□ Remove
			☐ Change

•	
T	
<del></del>	
<del></del>	
	5 2 E
	0 1 -
	<del></del>
	پ جي
	<del> </del>
tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing  If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be lis
cord specifies a delayed effective date, but not an effecti e 90th day after the record is filed.	ive time, at 12:01 a.m. on the ear
October 4 2016	
Signature of a member or authorized represen	

Page 3 of 3

Filing Fee: \$25.00