

L15000090366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000276492840

08/31/15--01025--015 \*\*25.00

FILED  
2015 AUG 31 P 1:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 02 2015

3 MASON

# PEPPLE CANTU SCHMIDT PLLC

1000 Second Avenue, Suite 2950, Seattle, WA 98104

**Jeffrey C. Steinert**  
(206) 625-9984 Direct  
[jsteinert@pcslegal.com](mailto:jsteinert@pcslegal.com)

August 27, 2015

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: Hudson Manager LLC**

Dear Sir or Madam:

Enclosed for filing please find the Articles of Amendment to Articles of Organization of Hudson Manager LLC, along with our check in the amount of \$25.00 to cover the filing fee.

If you have any questions, please do not hesitate contacting me.

Very truly yours,



Jeffrey C. Steinert  
Administrator

**Florida Office**  
2430 Estancia Boulevard, Suite 114  
Clearwater, FL 33761  
(727) 724-8585

**Web**  
[PCSLEGAL.COM](http://PCSLEGAL.COM)

**California Office**  
505 14<sup>th</sup> Street, Suite 900  
Oakland, CA 94612  
(510) 277-4574

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hudson Manager 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:

Jeffrey C. Steinert

\_\_\_\_\_  
Name of Person

Pepple Cantu Schmidt PLLC

\_\_\_\_\_  
Firm/Company

1000 2nd Avenue, Suite 2950

\_\_\_\_\_  
Address

Seattle, WA 98104

\_\_\_\_\_  
City/State and Zip Code

JSTEINERT@PCSLEGAL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey C. Steinert

at (206) 625-9984

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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

FILED  
2015 AUG 11 P 1:05  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Michael Molinari	5403 West Gray Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Scott Seckinger	5403 West Gray Street	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 AUG 31 P 1:05  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 25, 2015

Signature of a member of authorized

Signature of a member or authorized representative of a member

Stephen W. Page, Manager

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

RECEIVED  
OFFICE OF THE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA  
2015 AUG 31 P 1:05