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2020 SEP 16 PM 4:21
TALLAHASSEE, FL

FILED

D. BRUCE
OCT 25 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUDSON HIDES 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:

JASON GENDLER

Name of Person

HUDSON HIDES LLC

Firm/Company

~~11542 BUCKHAVEN LANE~~

11542 Buckhaven Lane

Address

WEST PALM BEACH FL 33412

City/State and Zip Code

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

For further information concerning this matter, please call:

JASON GENDLER

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 SEP 16 PM 4: 21
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HUDSON HIDES 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 3 2017 and assigned
Florida document number L17000001059.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FORWARD MOTION HOLDING	C/O CERTIFIED TAX EXPERTS OF LAS VEGAS L	<input checked="" type="checkbox"/> Add
		2300 WEST SAHARA AVENUE SUITE 800	<input type="checkbox"/> Remove
		LAS VEGAS NV 89102	<input type="checkbox"/> Change
MGR	MP WORLDWIDE HOLDINGS L	C/O CERTIFIED TAX EXPERTS OF LAS VEGAS L	<input checked="" type="checkbox"/> Add
		2300 WEST SAHARA AVENUE SUITE 800	<input type="checkbox"/> Remove
		LAS VEGAS NV 89102	<input type="checkbox"/> Change
AMBR	JASON GENDLER	11542 BUCKHAVEN LANE	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33412	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL PILATO	11542 BUCKHAVEN LANE	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33412	<input checked="" 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

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

2020 SEP 16 PM 4:21
SECURITY SERVICE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: SEPTEMBER 1 2020 (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 SEPTEMBER 4 2020

Signature of a member or authorized representative of a member

JASON GENDLER

Typed or printed name of signee

Filing Fee: \$25.00