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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Doct	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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SCHIEF OF TOTALS

OCT 0.2 2018

COVER LETTER

	of Corporations
	Hudson, LLC.
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Stephanie Biernat
	Name of Person
	Aria Hudson, LLC.
	Firm/Company
	2105 W. Saint Isabel St.
	Address
	Tampa, FL 33607
	City/State and Zip Code sbiernat2@gmail.com
	stephanie Biernat Stephanie Biernat Name of Person Aria Hudson, LLC. Firm/Company 2105 W. Saint Isabel St. Address Tampa, FL 33607 City/State and Zip Code sbiernat2@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: tephanie Biernat Area Code Daytime Telephone Number telosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate Copy Certificate Of Status & Certificat Copy (certificate Copy) Certificate Copy Certificate Of Status & Certificat Copy (certificate Copy) Certificate Copy Certificate Copy (certificate Copy)
For further informa	ation concerning this matter, please call:
Stephanie Bierna	
Enclosed is a check	; for the following amount:
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate of Status &

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

Aria Hudson, LLC.		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	<u>-</u>
The Articles of Organization for this Limited Liability Compan	y were filed on March 30th, 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility 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)		
		S 8 VIS
		무 잘됐
inter new mailing address, if applicable:		28 28
Mailing address MAY BE A POST OFFICE BOX)		글 분위:
remaining distances with the second of the Bonsy		- 95
		5 6
 If amending the registered agent and/or registered registered agent and/or the new registered office address he 		r the name of the
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>	Type of Action
MGR	Joel Metzger	2105 W. Saint Isabel St.	
			
		Tampa, 12 00007	☐ Remove
	Ota is a Dablada	10955 Glenn Meadows	Change
MGR	Steven Robledo	10955 Gienn Meadows	= Add
		Sealey, TX 77474	
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ective date, if other than effective date is listed, the d	n the date of filing:	or more than 90 days after filing.) Pursuant to 60	J5.020
te: If the date inserted in	this block does not meet the applicable statutory the Department of State's records.	filing requirements, this date will not be lis	sted a
record specifies a de The 90th day after th	layed effective date, but not an effective record is filed.	ve time, at 12:01 a.m. on the ear	lier (
, September 26	2018		
ted			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00