11800154435

(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: Document was accepted in error.

800311745948

Office Use Only

M. MOON

07/19/2018 17:10 3052892232 OFFICE DEPOT

ro: Registration Sect Division of Corpo			
Hudson3 LL	C		
SUBJECT:	Name of Limited	Liability Company	:
The enclosed Articles of A	mendment and fee(s) are submi	tted for filing.	
	dence concerning this matter to		
	SharonMorgan		
		Name of Person	1
	Registere@gent-Hudson	3 LLC	
		Firm/Company	
	13656N 12th Street Ste3		
		Address	
	Tampa,FL 33613		
		City/State and Zip Code	
	H3L.MorganS@gmail.com	1	- rion)
		o be used for future annual report notif	(auton)
For further information of	oncerning this matter, please ca		
SharonMorgan		703 587-4636 at ()	:
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cornificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section top of Corporations Boy 6327 bassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	ou prations enter Circle
P.O.		Clifton Building 2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hudson3	in manage (in m	r records.)	
(Name of the Limited Liability (A Florida	y Company as it now appears on or Limited Liability Company)		
The Articles of Organization for this Limited Liability C		1	_ and assigned
The Articles of Organization for this Limited Libotity C	Ompany were more on and		!
Florida document number 1.18000154435			
This amendment is submitted to amend the following:			
A. If amending name, emer the new name of the lim	ited liability company here:		
Hudson3 LLC	O	rion "LI C" or the abbi	ev ation "L.L.C."
Hudson3 LLC The new name must be distinguishable and contain the words "Lin	nited Liability Company. The design	anon be s	i
Enter new principal offices address, if applicable:			
(Principal office address 31, ST BE A STREET ADD	<u>RESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			the name of the new
B. If amending the registered agent and/or reg	pistered office address on of	r records, enter	
B. If americang the region of the se	dress nere:	! } !	1
Name of New Registered Agent:			<u></u>
New Registered Office Address:	Forer Florida	street acidress	
	<u> </u>		
		, Florida	Tip Code
_	Ciry		23fr Civile
New Registered Agent's Signature, if changing Registe	cred Agent:		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	nt and agree to act in this ca d complete performance of m d agent as provided for in Ch tered office address, I hereby	apter 605, F.S. Or	, if this document is
	If Changing Registered Age	nt, Signature of New J	les istered Agent
	Page 1 of 3		

arionany	ation.enter change(s) here: (Attach additional sheets, if r	
Correction of NameType	or LLC MGR - shouldbe Hudson, MatthewA	
		
-		
		i
		1
		!
Effective date, if other than	the date of filing: c must be specific and cannot be prior to date of filing or more than 90 da	(optional) ys after filing) Pursuant to 605,02
Michael III the date incerted in II	e must be specific and cannot be prior to date of filing or more than 90 date of filing requirement is block does not meet the applicable statutory filing requirement he Department of State's records.	nts, this date will not be listed
ر امام م مناشد ، و مامام	ayed effective date, but not an effective time, at 12	2:01 a.m. on the earlier
he record specifies a dei The 90th day after the	record is filed.	ŧ
	2018	; :
Dated July 19	,	i
	hum moan	
	Signature of a member or authorized representative of a member	r
Dhara dhearnn		
SharonMorgan	I I	

Page 3 of 3

Filing Fee: \$25.00