LZ0 0000 86220

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	
(50	Suless Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	



400360866804

62/25/21--01020--019 **++**25.00

C21723 23 AMO: 01

Office Use Only

ulabo P

COVER LETTER

HUDSON ENTERPRISES LLC Name of Limited Liability Company		egistration Se ivision of Cor			
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: SHANEEL HUDSON Name of Person HUDSON ENTERPRISES LLC Firm/Company 8680 Baymeadows Rd E. #1729 Address Jacksonville FL, 32256 City/State and Zip Code neely2191@gmait.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations	OUD IF OT		ENTERPRISES LLC		
Please return all correspondence concerning this matter to the following: SHANEEL HUDSON	SORTECT	:	Name of Lin	nited Liability Company	
SHANEEL HUDSON Name of Person HUDSON ENTERPRISES LLC Firm/Company 8680 Baymeadows Rd E. #1729 Address Jacksonville FL. 32256 City/State and Zip Code necly2191@gnail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Output Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
HUDSON ENTERPRISES LLC Firm/Company 8680 Baymeadows Rd E. #1729 Address Jacksonville FL. 32256 City/State and Zip Code necly2191@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Paytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations	Please retur	rn all correspo	ondence concerning this matter	to the following:	
HUDSON ENTERPRISES LLC Firm/Company 8680 Baymeadows Rd E. #1729 Address Jacksonville FL, 32256 City/State and Zip Code neely2191@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person at (SHANEEL HUDSON		
Firm/Company 8680 Baymeadows Rd E. #1729 Address Jacksonville FL. 32256 City/State and Zip Code necly2191@gnail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations				Name of Person	
Address Jacksonville FL. 32256 City/State and Zip Code neely2191@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations			HUDSON ENTERPRISES	S LLC	
Address Jacksonville FL, 32256 City/State and Zip Code necly2191@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Sitreet Address: Registration Section Division of Corporations				Firm/Company	
Section Section Division of Corporations			8680 Baymeadows Rd E.	#1729	
City/State and Zip Code necly2191@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON 904 763-6859 at (Address	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations Registration Section Division of Corporations			Jacksonville FL, 32256		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANEEL HUDSON Area Code Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certifica				City/State and Zip Code	
For further information concerning this matter, please call: SHANEEL HUDSON				() () () () () () () () () ()	- Idamia-Y
SHANEEL HUDSON Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations					inicationy
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Area Code Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	For further	information c	oncerning this matter, please c	all:	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Area Code Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certif	SHANEEL	HUDSON			
■ \$25.00 Filing Fee Status Solution Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Division of Corporations Street Address: Division of Corporations Street Address: Division of Corporations Division of Corporations Division of Corporations Street Address: Division of Corporations		Name o	f Person		me Telephone Number
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Enclosed is	a check for th	ne following amount:		
Registration Section Registration Section Division of Corporations Division of Corporations	\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations					ection
		-		Division of Co	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		-			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUDSON ENTERPRISES LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited		y were filed on 03/20/2020	and assigned
orida document number L20000086220			
nis amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited lia	bility company here:	
.T. HUDSON ENTERPRISES LLC			
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if appl	icable:	1408 SAN MARCO BLVD.JACKSO	NVILLE, FL 32207
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:		8680 Baymeadows Rd. E #1729	
Mailing address MAY BE A POST OFFICE BOX)		JACKSONVILLE, FL 32256	
runng address mm BD 111 ODI O111CE	<u> </u>		
. If amending the registered agent and/or		address or our records enter the ne	ma àf thiềnay ragi
. If amending the registered agent and/or gent and/or the new registered office addr		aduress on our records, enter the na	
Name of New Registered Agent:	N/A		<u> </u>
New Registered Office Address:	N/A		<u> </u>
		Enter Florida street address	. 0:
		, Florida	<u> </u>
		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 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>	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			
			□ Remove
			Change
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□ Add
			□Remove
			□ Chop

ective date, if other than the date of filing:	(antional)
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 605.020 pplicable statutory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effect s filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted February 17	al deta
\sim	r authorized representative of a member

Typed or printed name of signee