

L20000135213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

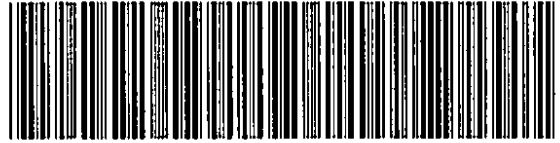
(Business Entity Name)

(Document Number)

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07/06/20--01004--011 *\$25.00

2020 JUL -6 PM 5:55

FILED

AUG 18 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Hudson Harbor Holdings, LLC

Name of Limited Liability Company

07/06/20—01004—011 *25.00

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor L. Zamora, Sr

Name of Person

HHH, LLC

Firm/Company

1904 W. Waters Ave

Address

Tampa, FL 33604

City/State and Zip Code

victorzamora@me.com

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

For further information concerning this matter, please call:

Victor L. Zamora, Sr

Name of Person

at (813)

Area Code

921-0679

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 6/15/2020 and assigned
Florida document number L20000135213.

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**)

14909 Evershine Street
TAMPA, FL 33624

Enter new mailing address, if applicable:

14909 Evershine Street
TAMPA, FL 33624

(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

Title	Name	Address	Type of Action
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AMBR	ERNESTO F CRUZ	14909 Evershine Street	Add
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_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

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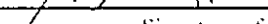
_____ ☐ Change

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

6/15/2020

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


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

VICTOR L. ZAMORA Sr.

Typed or printed name of signee

Filing Fee: \$25.00