

120000170352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

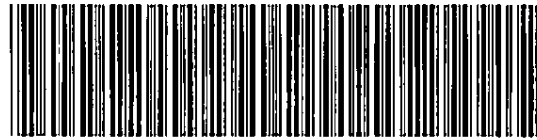
(Business Entity Name)

(Document Number)

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OCT 14 2020

OCT 14 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HUDSON NATION ENTERPRISES, 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:

KERWIN CYRIL HUDSON JR

\_\_\_\_\_  
Name of Person

HUDSON NATION ENTERPRISES, LLC

\_\_\_\_\_  
Firm/Company

818 E CHARING CROSS CIR

\_\_\_\_\_  
Address

LAKE MARY, FL 32746

\_\_\_\_\_  
City/State and Zip Code

HUDSONNATIONENT@YAHOO.COM

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

For further information concerning this matter, please call:

KERWIN CYRIL HUDSON JR

813 360-6154  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                                       |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>                      |
|--------------|--------------------------|-------------------------|--------------------------------------------|
| AMBR         | KERWIN CYRIL HUDSON JR   | 818 E CHARING CROSS CIR | <input checked="" type="checkbox"/> Add    |
|              |                          | LAKE MARY, FL 32746     | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |
| MGR          | KERWIN CYRIL HUDSON JR   | 818 E CHARING CROSS CIR | <input type="checkbox"/> Add               |
|              |                          | LAKE MARY, FL 32746     | <input checked="" type="checkbox"/> Remove |
|              |                          |                         | <input type="checkbox"/> Change            |
| MGR          | MIRKA F PISKULICH-HUDSON | 818 E CHARING CROSS CIR | <input type="checkbox"/> Add               |
|              |                          | LAKE MARY, FL 32746     | <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            |
|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |

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**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.

Dated 01 SEPTEMBER 2020

Signature of a member or author

Signature of a member or authorized representative of a member

KERWIN CYRIL HUDSON JR

Typed or printed name of signee