L'ADOC	00 1739
(Requestor's Name) (Address)	700428172407
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	Cr (12) (0.000307 - 30-00) 30-00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
02745,2976 (Lng) Pl6000 Office Use Only	8 122 BEI22
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TO:	Registration Section Division of Corporations
SUBJE	CT: HUDSON Segs, dr. Refregt, LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Jack Franklin Name of Person
	Firm/Company
	4092 Elwood Rd Address
	Sang Hill, FC 34609 City/State and Zip Code
	Jack O Jeep Lyfe. Com E-mail address: (to be used for future annual report notification)

,

COVER LETTER

For further information concerning this matter, please call:

at (305) <u>303-78-13</u> Area Code Daytime Telephone Number Jack Franklin Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

X \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2024

JACK FRANKLIN 4092 ELWOOD RD SPRINGHILL, FL 34609

SUBJECT: HUDSON SEASIDE RETREAT, LLC Ref. Number: L22000007739

We have received your document for HUDSON SEASIDE RETREAT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P16000088122.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

Letter Number: 424A00009650



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUJSON Segsi Je Retregt (Name of the Limited Liability Compa (A Florida Limited L	LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L2200007739}$.	were tiled on $\frac{12/29}{2221}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :
CraekerJack Charters FL, LL The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	4121 Des Prez Court
(Principal office address MUST BE A STREET ADDRESS)	Hernando Beach, FL 34607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4121 Des Prez Court Hernando, Beach, PU34607
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	S = ³
	, 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. . . .

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<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an 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 605.0207 (3)(b) 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.

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_	Azril	17th 2024	
		Jach Juli	
		Signature of a member or authorized representative of a member	
		Jack Franklin	
		Typed or printed name of signee	

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Filing Fee: \$25.00