

# L22000022445

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

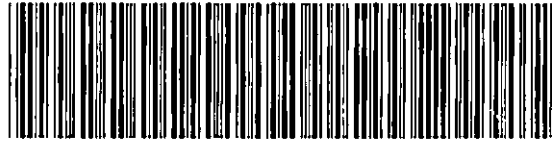
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 APR 11 AM 10:12  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

RECEIVED  
2023 APR 11 PM 3:46  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_ Please use funds from this account: I20210000160 **\$25.00**

Authorization Signature: *[Signature]* L22000022445

Hudson Development Partners LLC

Business

Document Number

\_\_ **Certified Copy**

\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_ Profit Corp  
\_\_ Not for Profit  
\_\_ Officer/Director  
\_\_ Limited Liability  
\_\_ Domestication  
\_\_ Other  
\_\_ **CORP**  
\_\_ **LLLP**

**AMENDMENTS**

\_\_ **X** Amendment  
\_\_ Resignation of R.A.  
  
\_\_ Change of Registered Agent  
\_\_ Revocation of Dissolution  
\_\_ Merger  
\_\_ **Conversion**  
\_\_ **Amended and restated Articles**  
\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_ Annual Report  
\_\_ Fictitious Name  
\_\_ APOSTILLE

Country

\_\_ Other

**REGISTRATION/QUALIFICATIONS**

\_\_ Foreign filing  
\_\_ Limited Partnership  
\_\_ Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Hudson Development Partners LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kyle Killeen

Name of Person

Storey Law Group, P.A.

Firm/Company

221 NE Ivanhoe Blvd., Ste. 300

Address

Orlando, FL 32804

City/State and Zip Code

kkilleen@storeylawgroup.com

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

For further information concerning this matter, please call:

Kyle Killeen

407

488-1225

at ( )

Name of Person

Area Code

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**

Hudson Development Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2023 FEB 11 AM 10:12

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 7, 2022 and assigned  
Florida document number 122000022445.

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)**

**Enter new mailing address, if applicable:**

**(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:

221 NE Ivanhoe Blvd., Ste. 300

*Enter Florida street address*

Orlando

*City*

Florida 32804

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAWRENCE OBERMAN	2490 NW 66TH DR.	<input type="checkbox"/> Add
		BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK GERENGER	301 W. Platt Street	<input checked="" type="checkbox"/> Add
		368	<input type="checkbox"/> Remove
		Tampa, FL 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

REC'D 11 AM 10:12  
CLERK OF STATE  
TALLAHASSEE, FL

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JUN 11 AM 10:12  
OFFICE OF STATE  
TREASURER, FL

(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)

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 April 11, 2023.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Mark Gerenger

Typed or printed name of signee

**Filing Fee: \$25.00**