

122000231132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

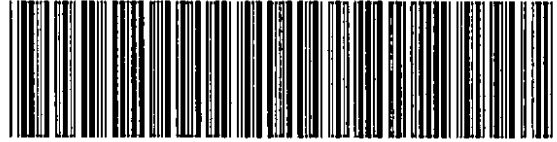
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200392166172

08/08/22--01017--011 \*\*25.00

SECRETARY OF STATE  
141 N. STATE ST.  
MONTGOMERY, AL 36102

2022 AUG -8 AM 10:16

FILED

122



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2022

ROSA ESTELA MORALES

4951 TAMIANI TRAIL N SUITE 103  
NAPLES, FL 34103

SUBJECT: EXAGON HOLDING, LLC  
Ref. Number: L22000231132

2022 AUG -8 AM 10:16  
DEPT. ANTI-CORRUPTION  
TAMIANI TRAIL N SUITE 103  
NAPLES, FL 34103

FILED

We have received your document for EXAGON HOLDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The member or authorized representative must sign their on the document.

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) 245-6052.

Nadira D McClees-Sams  
EXECUTIVE ASSISTANT

Letter Number: 122A00024068

## Axiom Accounting, Inc.

4951 Tamiami Trail North, Suite 103, Naples, FL 34103

239-777-2943 – Fax: 239-236-2205

August 5, 2022

---

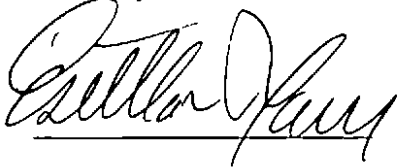
Florida Department of State

Amended L22000231132

We erroneously prepared and mailed twice amended document on this entity and both have the same error with. We meant to correct the name and it was wrong twice.

Correct name for this entity is: Hexagon Holding. LLC

Sincerely,



Rosa Estela Morales

Accountant

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EXAGON HOLDING, 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:

ROSA ESTELA MORALES  
 \_\_\_\_\_  
 Name of Person

AXIOM ACCOUNTING PA  
 \_\_\_\_\_  
 Firm/Company

4951 TAMIANI TRAIL N SUITE 103  
 \_\_\_\_\_  
 Address

NAPLES, FL 34103  
 \_\_\_\_\_  
 City/State and Zip Code

emorales@axiomaccountingpa.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

SEC. OF STATE  
 TALLAHASSEE, FL

2022 AUG - 8 AM 10: 16

FILED

For further information concerning this matter, please call:

ROSA ESTELA MORALES	239	25581026		
_____	at (_____)	_____	_____	
Name of Person	Area Code	Daytime Telephone Number		

Enclosed is a check for the following amount:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Exagon Holding, LLC

(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 05/17/2022 and assigned Florida document number L22000231132.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HEXAGON HOLDING, LLC

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)

FILED  
2022 AUG - 8 AM 10:16  
SECRETARY OF STATE

**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: \_\_\_\_\_

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

FILED  
2022 AUG -8 AM 10:16  
DEPT. OF STATE  
TALLAHASSEE, FL

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 AUGUST 4TH 2022

*Jorge Valenzuela*

Signature of a member or authorized representative of a member

JORGE VALENZUELA

Typed or printed name of signee