



(((H24000323725 3)))



H240003237253ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FROM MARG LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMFOX
SEP 24 2013

FILED

2013 SEP 23 PM 4:27

DIVISION OF STATE

LAZARUS CORPORATE FILING SERVICE, INC.
DIVISION OF CORPORATIONS
FLORIDA

09/22/2013 21:37

09/22/2013 21:37

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROMMARG 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 FROMMARG LLC and assigned
Florida document number L21000045942

This amendment is submitted to amend the following:

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

HEXAGON SOLUTIONS 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:

58 NE 14th St Apt 2402 MIAMI FL 33132

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

58 NE 14th St Apt 2402 MIAMI FL 33132

(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:

BUSTO GASTON E

New Registered Office Address:

58 NE 14th St Apt 2402 MIAMI FL 33132

Enter Florida street address.

MIAMI

Florida, 33132

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

Page 2 of 3

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

F. Effective date, if other than the date of filing: 09/20/2024 (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)(c)
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.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 20 2024

Signature of a member or authorized representative of a member:

BUSTO GASTON E

Typed or printed name of signee