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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FROMARG LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FROMARG LLC					
(Name of the Li	mited Liability Com (A Florida Limite	pany as it now appears on:que records.) d Liebility Company)			
The Articles of Organization for this Limited			··-·	and assi	gned
Florida document number L21000045942	,				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited lia	bllity company here:			
HEXAGON SOLUTIONS LLC		•			
The new name must be distinguishable and contain the	e words "Limited Liab	pility Company," the designation "LLC" or	the abbrevia	tion "L.L	.C.''
Enter new principal offices address, if app	licable:	58 NE 14th St Apt 2402 MIAMI F.	33132		
(Principal office address MUST BE A STRE	ET ADDRESS)			·	
					
Enter new mailing address, if applicable:	• ,	58 NE 14th St Apt 2402 MIAMI FI	. 33132		
(Mailing address MAY BE A POST OFFICE	E BOX)				
·				- K1	
R If amending the registered areas and and			7	1024	
 If amending the registered agent and/or agent and/or the new registered office addr 	registered office	address on our records, enter the	name of the	e now	registere
			1	~ ~	1]
Name of New Registered Agent:	BUSTO GAST	ON E		ယ်	1 1
				3	
New Registered Office Address:	58 NE 14th St.	Apt 2402 MIAMI FL 33132	<u>(2)</u>		<u>ن</u>
		Enter Florida'street address	• 🚉	2	
•	MIAMI	, Floride	33132 7		
		City		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 cm 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>	Address	Type of Action
MGR	BUSTO GASTON E	58 NE 14th St Apt 2402 MIAMI FL 33132	🗀 Add
			DRemove
			Change
			□Add
			□Remove
			Chànge
			□Add
			⊡Remove
·			Change
			'JAdd
			TRemove
			IChange
			⊃Add
			DChange
			①Add
			(IRemove
			(°) (7)

Page 2 of 3

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