

L210002607662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

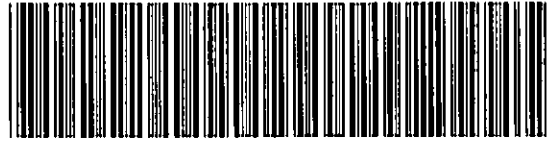
(Business Entity Name)

(Document Number)

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2021 AUG -4 AM 8:05
TALLAHASSEE, FL

D BRUCE
AUG 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEXAGONCRE FL 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:

Cynthia Davies
Name of Person
Cindy's Florida LLC
Firm/Company
8051 N. Tamiami Trail Suite E6
Address
Sarasota Florida 34243
City/State and Zip Code
cindy@cindysfloridallc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Davies at 727 300-0042
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

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TALLAHASSEE, FL

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

HEXAGONCRE FL 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 June 09, 2021 and assigned Florida document number L21000267662.

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:

1645 Palm Beach Lakes Blvd. Suite 1200

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach FL 33401 US

Enter new mailing address, if applicable:

1645 Palm Beach Lakes Blvd. Suite 1200

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach FL 33401 US

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

2021 AUG -4 8:09 AM
SECRETARY OF STATE
TALLAHASSEE, FL
F-11-11-11

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>
AMBR	BILLIONS, LLC		<input type="checkbox"/> Add
		8051 N. Tamiami Trail Suite E6 Sarasota FL 34243 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREENBRANCH, LLC		<input type="checkbox"/> Add
		8051 N. Tamiami Trail Suite E6 Sarasota FL 34243 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	URBANSPEACE, LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401 US	<input checked="" type="checkbox"/> Change
MGR	URBANSPEACE, LLC		<input checked="" type="checkbox"/> Add
		8051 N. Tamiami Trail Suite E6 Sarasota FL 34243 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Harry Franklin Borders	1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401 US	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: July 09, 2021 (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 July 09 2021

Cynthia Davies

Signature of a member or authorized representative of a member

Cynthia Davies

Typed or printed name of signee

Filing Fee: \$25.00