

9/11/24 12:36 PM

L21000379429

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

From: Account Name : SANCHEZ VADILLO LLP  
Account Number : 128150000038  
Phone : (305)485-9700  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HEXAGON DEVELOPERS, LLC

Certificate of Status	0
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K. SALY  
SEP 19 2024

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

**FILED**  
2024 SEP 18 AM 4:14  
TALLAHASSEE FLORIDA

HEXAGON DEVELOPERS, 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 08/24/2021 and assigned  
Florida document number L21000379429.

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:

*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>
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MGR	KERESTEGIAN, NICHOLAS	17505 SW 90th Ave	<input type="checkbox"/> Add
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		PALMETTO BAY, FL 33157	<input checked="" type="checkbox"/> Remove
--	--	------------------------	--

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	VIDAL, ALBJANDRO	4951 Tamiami Trail North	<input type="checkbox"/> Add
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		Unit 103	<input type="checkbox"/> Remove
--	--	----------	---------------------------------

		Naples, FL 34103	<input checked="" type="checkbox"/> Change
--	--	------------------	--

MGR	ROSSELOT, LUIS I	4951 Tamiami Trail North	<input type="checkbox"/> Add
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		Unit 103	<input type="checkbox"/> Remove
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		Naples, FL 34103	<input checked="" type="checkbox"/> Change
--	--	------------------	--

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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