hh2000231132

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SECRETARY OF STATE
TALLAHASSEE, FL

. DocuSign Envelope ID: E4C39A93-C206-4FE9-B571-AB6380EEC91C COVER LETTER

TO:	Registration Division of C			~
en fes ex		ON HOLDING, LLC	•	. "
SUBJE	,C1:	Name of Lim	ited Liability Company	
The end	closed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please	return all corres	pondence concerning this matter	to the following:	
		ROSA ESTELA MORALI	ES	
			Name of Person	
		AXIOM ACCOUNTING	PA	
			Firm/Company	
		4951 TAMIAMI TRAIL N	SUITE 103	
			Address	
		NAPLES, FL 34103		
			City/State and Zip Code	
		emorales@axiomaccounting		
For further ROSA E	de e i e Ce e e e e i e e		to be used for future annual report	nomication)
For Jun	iner informatior	n concerning this matter, please c	aii:	
ROSA	ESTELA MOR	RALES	239 2558102 at ()	6
	Name	e of Person	Area Code Da	rtime Telephone Number
Enclose	ed is a check for	r the following amount:		
\$ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000231132</u> .	were filed on <u>05/17/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
EXAGON HOLDING, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		2022 AUG - SECRETI TALLA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T71	
	, Florida _	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.

DocuSign Envelope ID: E4C39A93-C206-4FE9-B571-AB63ò0EEC91C in amending Authorized rerson(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
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Effective date, if other than the date of filing: ((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 is 605.02077. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. 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 ord is filed. Dated AUGUST 4711 2022 AUGUST 4711 Signature of a member or authorized representative of a member ALEJANDRO VIDAL - MEMBER					
Effective date, if other than the date of filing:					
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Dated AUGUST 4TH 2022 Allyandro Vidal Signature of a member or authorized representative of a member	Note: If the date inserted in this block	k does not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) Pursuant to tirements, this date will not be	o 605.0207 (3 e listed as th
Signature of a member or authorized representative of a member		ate, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Signature of a member or authorized representative of a member	Dated	. 2022	·		
	Alejandro Vid	al			
ALEJANDRO VIDAL - MEMBER	Si	gnature of a member or auth	iorized representative of a n	nember	_
	ALEJANDRO VIDAL - M	IEMBER			

Filing Fee: \$25.00