

122000231132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/22--01017--011 **25.00

SECRETARY OF STATE
141 N. 17th St.
TALLAHASSEE, FL 32310

2022 AUG -8 AM 10:16

FILED

122



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2022

ROSA ESTELA MORALES

4951 TAMIANI TRAIL N SUITE 103
NAPLES, FL 34103

SUBJECT: EXAGON HOLDING, LLC
Ref. Number: L22000231132

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TALLAHASSEE, FL

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We have received your document for EXAGON HOLDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The member or authorized representative must sign their on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
EXECUTIVE ASSISTANT

Letter Number: 122A00024068

Axiom Accounting, Inc.

4951 Tamiami Trail North, Suite 103, Naples, FL 34103

239-777-2943 – Fax: 239-236-2205

August 5, 2022

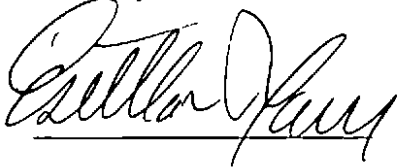
Florida Department of State

Amended L22000231132

We erroneously prepared and mailed twice amended document on this entity and both have the same error with. We meant to correct the name and it was wrong twice.

Correct name for this entity is: Hexagon Holding, LLC

Sincerely,

A handwritten signature in black ink, appearing to read 'Rosa Estela Morales', written over a horizontal line.

Rosa Estela Morales

Accountant

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXAGON HOLDING, 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:

ROSA ESTELA MORALES

Name of Person

AXIOM ACCOUNTING PA

Firm/Company

4951 TAMIANI TRAIL N SUITE 103

Address

NAPLES, FL 34103

City/State and Zip Code

emorales@axiomaccountingpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA ESTELA MORALES

239

25581026

at ()

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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SECRET
TALLAHASSEE, FL

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

Exagon Holding, 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 05/17/2022 and assigned
Florida document number L22000231132.

This amendment is submitted to amend the following:

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

HEXAGON HOLDING, 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL
STATE

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

(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)

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 AUGUST 4TH 2022

Николай Плещинский

Signature of a member or authorized representative of a member

JORGE VALENZUELA

Typed or printed name of signee