Floridan Department of State

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Account Number : T20180000047

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COVER LETTER

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Registration Sc Division of Cor				
ECT: LINKIN SE	PRAY LLC			
	Name of Lim	ited Liability Company		
nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
return all correspo	indence concerning this matter	to the following:		
	CARLA COUTO			
		Nume of Person		
	VDT CORPORATE SER	VICES LLC		
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	150 SE 2ND AVE STE 90	:5		
	 	Address		
	MIAMI, FL 33131			
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THE MULLIANON C	oncerning this matter, prease of	uii.		
LA COUTO		at (305) 503-98	67	
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	Division of Cor ECT: LINKIN SE aclosed Articles of return all correspondence of the control of	Division of Corporations ECT: LINKIN SPRAY LLC Name of Lim Aclosed Articles of Amendment and fee(s) are sub- return all correspondence concerning this matter CARLA COUTO VDT CORPORATE SERY 150 SE 2ND AVE STE 90 MIAMI, FL 33131 ccouto@saintjosephgroup.cc E-mail address: (orther information concerning this matter, please of the coutoward of Person sed is a check for the following amount: 25.00 Filing Fee	Division of Corporations ECT: LINKIN SPRAY LLC Name of Limited Liability Company Acclosed Articles of Amendment and fee(s) are submitted for filing. Teturn all correspondence concerning this matter to the following: CARLA COUTO Name of Person VDT CORPORATE SERVICES LLC Firm/Company 150 SE 2ND AVE STE 905 Address MIAMI, FL 33131 City/State and Zip Code ccouto@saintjosephgroup.com E-mail address: (to be used for future annual report information concerning this matter, please call: A COUTO Name of Person at (305) 503-98 Area Code Divided is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy	Division of Corporations ECT: LINKIN SPRAY LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: CARLA COUTO Name of Person VDT CORPORATE SERVICES LLC Firm/Company 150 SE 2ND AVE STE 905 Address MIAMI, FL 33131 City/State and Zip Code ccouto@saintjosephgroup.com E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: A COUTO Name of Person Area Code Daytime Telephone Number Sed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy Cert

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LINKIN SPRAY LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com	and assigned	
Florida document number L23000243742		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
LINKIN HEXAGON LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" ar the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	297
		- 14-
Enter new mailing address, if applicable:		·
(Malling address MAY BE A POST OFFICE BOX)		.:
		ټ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	lice address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	<i>C</i> (, Florida
Nam Baristand & gameta Chanceums If the sales Designed to the	City	Lip Coae
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my dut t as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
ī ī	Changing Registered Agent, Sign	sture of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added 3

MGR = Mar	om our records: nager	nuge, ones the tole, hame, and address	H23000355328
Title	horized Member <u>Name</u>	Address	Type of Action
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record specifies a delayed effect is filed.	tive date, but not	an effective time	a, at 12:01 a.m. or	the earlier of: (b)	The 90th day after t	he
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