## P18000101610

(Re	questor's Name)	
(Ad	dress)	
(Åd	dress)	
(Cit	y/State/Zip/Phone #	)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: HEXACOAT, INC	·	
	MBER:		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	JORGE FUENTES		
		Name of Contact Perso	n
	HEXACOAT, INC		
		Firm/ Company	
	9500 NW 79TH AVENUE S	UITE#12	
		Address	
	HIALEAH GARDENS, FLO	ORIDA 33016	
		City/ State and Zip Cod	e
)(	DRGE@HEXACOAT.COM		
_	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, plea	se call:	
JORGE FUENTE	S	786 at (	3722634 ode & Daytime Telephone Number
Na	me of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address  dment Section on of Corporations i Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HEXACOAT, INC.			
(Name o	of Corporation as curren	ntly filed with the Florida Dept. of State)	
P18000101610		·	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation.	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amend	dment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A		The	new
	nation "Corp." "Inc." or	tion," "company," or "incorporated" or the abbrevia "Co". A professional corporation name must contain	tion
B. Enter new principal office address,	if annlicable:	9500 NW 79TH A VENUE	
(Principal office address MUST BE A S		SUITE # 12	_
		HIALEAH GARDENS, FL 33016	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		9500 NW 79TH AVENUE	<del></del>
		SUITE # 12	
		HIALEAH GARDENS, FL 33016	<del></del>
D. If amending the registered agent an new registered agent and/or the new			_
Name of New Registered Agent	N/A	LA)	F F
rant of rest range of right	N/A	- <del>- Δ</del> Δ ω	g .
	(Florida	street address)	
New Registered Office Address:		(Cuv) Florida (Cuv)	_
		(Cuy) (Cap Cas)	
New Registered Agent's Signature, if a I hereby accept the appointment as registered.	tered agent. I am familia	r with and accept the obligations of the position.	
— NE	Signature of New	Registered Agent, if changing	
	••		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I)Change	<u>V</u>		CLAUDIA GARZA	3370 NW 14 TH STREET
Add				MIAMI, FLORIDA 33125
X Remove				
2) Change				
Add				
Remove				-
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				<del></del>
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		<del></del>		
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
******	
	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	

05/29/19	
The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
05/29/19	
Effective date <u>if applicable</u> :	
, , , , , , , , , , , , , , , , , , ,	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated US 29 17	
(By a director, president or other officer - If directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Torae 1. Fuentas	
yped or printed name of person signing)	
President	
(Title of person signing)	