Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : 120190000077 Phone : (954)773-7286 Fax Number : (954)526-8825

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ERIJAS@ AMEFINANCIALGROUP. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN HEXA GROUP, CORP

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COVER LETTER

H20000325927 3

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HEXA GROU	P, CORP		
DOCUMENT NUMBER:	B188L 000002		
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
ANTONIO GONZALEZ			
	Name of Contact Person		
GONZALEZ & ASSOCI	ATES III PA		
	Firm/ Company		
1820 N CORPORATE L	AKES BLVD STE 107		
	Address		
WESTON, FL 33326			
	City/ State and Zip Code		
AGONZALEZ@AMEFI	NANCIALGROUP.COM		
E-mail address: (to be	e used for future annual report notification)		
For further information concerning this matter, pl ANTONIO GONZALEZ	054 222 2294		
Name of Contact Person	at ()		
Enclosed is a check for the following amount ma	· ·		
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of H20000325927 3

	· · · · · · · · · · · · · · · · · · ·		
of Corporation as current	ly filed with the Florida Dept. of St	ate)	
(Document Number of	of Corporation (if known)		
1006, Florida Statutes, this	Florida Profit Corporation adopts to	he following amendmen	nt(9) !
ame of the corporation:			
		The new	
Corp, " "Inc, " or "Co"	A prof ess ional corporation name n "	abbreviation "Corp"	
<u>if applicable:</u> <u>TREET ADDRESS</u>)	N/A	-	
		<u></u>	<u>:</u>
		<u> </u>	1 (/) (7)
icable:	N/A	()	
OFFICE BUX	 	······································) ; :
			
d/or registered office add	ress in Florida, enter the name of t	he 📆	
	<u>11.</u>		ΕĘ
(Florida et	ees address)		
	CAN DECEMBER ENGLY		
N/A	. Florid	1.	
	ame of the corporation: the word "corporation," "Corp," "Inc," or "Co". or the abbreviation "P.A. if applicable: TREET ADDRESS)	ame of the corporation: If the word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name money of the abbreviation "P.A." If applicable: IREET ADDRESS) ICABLE: OFFICE BOX) N/A N/A N/A OFFICE BOX N/A	ame of the corporation: The new of the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Corp.," "Inc.," or "Co". A professional corporation name must contain the word or the abbreviation "P.A." if applicable: TREET ADDRESS N/A N/A Inc., N/A N/A Inc., N/A Inc

Example:

HR0000325927 3

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Iones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	·
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Кетоуе			
6) Change		<u> </u>	
Add			
Remove			

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f an amendme	ent provides for an ex	change, reclassification, or	cancellation of issued shares,	
provisions for	r implementing the an	change, reclassification, or nendment if not contained	cancellation of issued shares, in the amendment itself:	
provisions for (if not app	ent provides for an ex implementing the an olicable, indicate N/A)	change, reclassification, or nendment if not contained	cancellation of issued shares, in the amendment itself:	
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GONZALEZ AND ASSOC PAGE 86 H 20000325927 3

			(09/18/2020				
The date of eac			ion:	<u> </u>				if other than the
date this docum	ent was si	gned.						
Effective date <u>i</u>	f annlica)	hle:						·
<u> </u>	- прриса.		(no more th	han 90 days af	ler amendment	file date)		•
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Adoption of An	nendmen	t(s)	(CHECK ONE)	ı				
The amendm action was no			by the incorporator	s, or board of	directors witho	ut shareho	lder action a	and shareholder
			by the shareholders ent for approval.	. The number	of votes cast f	or the ame	ndment(s)	I
The amendm must be sepa	eni(s) was irately pro	s/were approve ovided for each	d by the shareholder voting group entitle	rs through voti ed to vote sepa	ng groups. The	e followin mendment	g statement (s):	l
"The ni	umber of 1	votes cast for th	ne amendment(s) wa	as/were suffici-	cut for approve	ıl	,	
by						Ü		
. —			(voting group)	<u>-</u>	-	-· .		
		09/18/2020						
	Dated_	09/16/2020						
	Signatur				-			
		selected, by	r, president or other an incorporator – if duciary by that fiduc	in the hands o				
			ORLA	NDO CUEVA	.s			
			(Typed or pri	Stand	person signing)	Ø	Sept 1	8-2020