8/11/23, 9:27 AM

Division of Corporations



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.

(((H23000279219 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 Fax Number : (407)612-2181

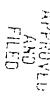
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATURAL QUANTA LLC



Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25,00



Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	gistration Section ision of Corporations				
SUBJECT:	NATURAL QUANTA ELC				
seboce i.	Name of Limited Liability Company				
The enclosed	Articles of Amendment and fee(s) are submitted for filling.				
Please retun	all correspondence concerning this matter to the following:				
	EMERSON CORREA				
	Name of Person				
	ICONNECT SOLUTIONS CORP				
	Firm Company				
	6735 CONROY ROAD STE 309				
	Address				
	ORLANDO, FL 32835				
	City/State and Zip Code				
	CONTACT@ICONNECTSC.COM				
	E-mail address: (to be used for future annual report notification)				
For further in	iformation concerning this matter, please call:				
EMERSON	at ()				
-	Name of Person Area Code Daytime Telephone Number				

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

NATURAL QUANTA LEC			
(<u>Name of the Limited Liability Comm</u> (A Florida Limited	uny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 01/18/2018 and assigned		
Florida document number L18000016724			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6735 CONROY ROAD		
(Principal office address MUST BE A STREET ADDRESS)	ET ADDRESS) STE 424		
	ORLANDO, FL 32835		
Enter new mailing address, if applicable:	6735 CONROY ROAD		
(Mailing address MAY BE A POST OFFICE BOX)	STE 424		
	OREANDO, FL 32835		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida		
	Cuy Zy Cde		
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.

To: Sunbiz • Page: 4 of 5

2023-08-11 13:30:31 GMT

14076122181

From EMERSON CORREA

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>	Address	Type of Action
			☐Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
		Manufacture Company of the Company o	□Change
			
			Remove
			□ □ Change
			□Add
			□Remove
			□ Change

6735 CONROY ROAD		
STE 424		
ORLANDO, FL 32835		
··		
ite: If the date inserted in this	ne date of filing: Institute specific and cannot be prior to date block does not meet the applicable st Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 atmory filing requirements, this date will not be listed a
ecord specifies a delayed effect is filed	ive date, but not an effective time, at	12.01 a m on the earlier of (b). The 90th day after the
ted	2023	
	ndshe Salifado	

Typed or printed name of signee