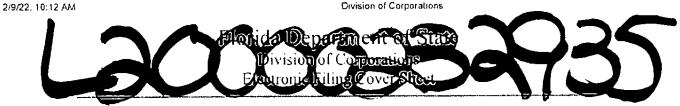
Division of Corporations



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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet

| To: | No. 1. days of Garage Market | | |
|---------------|--|------------------------|-----------------------------|
| | Division of Corporations | | |
| | Fax Number : (850)617-6383 | | |
| From: | | | |
| | Account Name : ICONNECT SOLUT | IONS CORP | |
| | Account Number : I20190000122 | | |
| | Phone : (407)863-0096 Fax Number : (407)612-2181 | | |
| an | the email address for this busine nual report mailings. Enter only ail Address: | one email address | sed for future please.** |
| Em | nual report mailings. Enter only mail Address: LC AMND/RESTATE/CORRE | CCT OR M/MG | please.** |
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| en Em L | nual report mailings. Enter only mail Address: LC AMND/RESTATE/CORRE Q&F SERVICES ANI Certificate of Status | CCT OR M/MG OTRADE LLC | please.** |

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX FEB 10 2022

COVER LETTER

| | egistration Section ivision of Corporations | | | |
|-------------|--|----|--|--|
| 5410 10200 | Q&F SERVICES AND TRADE LLC | | | |
| SC BJEC | Name of Limited Liability Company | | | |
| The enclo | ed Articles of Amendment and fee(s) are submitted for filing. | | | |
| Please ret | m all correspondence concerning this matter to the following: | | | |
| | EMERSON CORREA | | | |
| | Name of Person | _ | | |
| | ICONNECT SOLUTIONS CORP | | | |
| | FirmCompany | _ | | |
| | 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 furth | r information concerning this matter, please call | | | |
| EMERS | N CORREA 407 8630096 | _ | | |
| | Name of Person Area Code Daytine Telephone Numb | er | | |

H220000526703

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

To: +18506176383 Page: 3 of 5 2022-02-09 15:20:11 GMT 14076122181 From: EMERSON CORREA

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Q&F SERVICES AND TRADE LLC | | |
|---|--|---|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Comparation for the Limited Liability Comparation document number <u>L20000232935</u> . | ny were filed on <u>08/03/2020</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| QF SMART ENGINEER CONSULTING LLC | | |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the o | ibbreviation "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) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Appnt: | e address on our records, enter the nai | me of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florido street address, Florida | |
| | , Florida _ | |
| New Registered Agent's Signature, if changing Registered Agei | City nt: | Zip Code |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi | gree to act in this capacity. I further a ate performance of my duties, and I am is provided for in Chapter 605, F.S. Oi | r familiar with and r, if this document is |

To: +18506176383

Page: 4 of 5

2022-02-09 15:20:11 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 = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|----------------|
| Title | Name | Address | Type of Action |
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| ffective date, if other than the da an effective date is listed, the date must be | ite of filing: | | _ (optional) |
| an effective date is listed, the date must be late: If the date inserted in this block | specific and calmot be prior to a does not meet the applicab | tage of ming of more than 50 to le statutory filing requireme | ents, this date will not be listed as |
| ocument's effective date on the Depa | rement of State's records. | | |
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| record specifies a delayed effective d | ate, but not an effective time | e, at 12:01 a.m. on the earli | er of (b). The 90th day after the |
| f is filed | | | |
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| | W. L- | | |
| | gnature of a member or authori | zed representative of a membe | · · · · · · · · · · · · · · · · · · · |