5/2/23, 4:38 PM

Division of Corporations

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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:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSA12 INVESTMENT LLC

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COVER LETTER

	gistration Section • • • • • • • • • • • • • • • • • • •		
SUBJECT:	NSA12 INVESTMENT LLC		
sc byec i:	Name of Limited Liability Company		
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.		
Please return	mall 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 i	information concerning this matter, please call:		
EMERSON	CORREA 407 863-0096		
	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

To Sunbiz Page: 3 of 5

2023-05-02 20:40.46 GMT

14076122181

From, EMERSON CORREA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSA12 INVESTMENT LLC			
(<u>Name of the Limited Liability Compa</u> {A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000506703}{1.000000000000000000000000000000000000$	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	3020 WHITE ORCHID RD		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FL 34747		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3020 WHITE ORCHID RD KISSIMMEE, FL 34747		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the nam</u> - -	2023 HAY -	
New Registered Office Address:	Enter Florida streat address	2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	
	Florida	<u>- ພ</u>	
	Cuy	Ziji Gydir	

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 campany has been notified in writing of this change.

To: Sunbiz - Page 4 of 5 2023-05-02 20:40 46 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>	Name	Address	Type of Action
AMBR	MARCIO JANDREY	3020 WHITE ORCHID RD	□Add
		KISSIMMEE, FL 34747	
			■ Change
AMBR	ELISANGELA KLOSOWSKI	3020 WHITE ORCHID RD	
		KISSIMMEE, FL 34747	CRemove
			■ Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			□Remove

From, EMERSON CORREA

Typed or printed name of signee