

L21000528473

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

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

Email Address: Spadlinlaw@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
META PROTEA, LLC

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MAY 24 2024

T. LEMIEUX

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TALLAHASSEE, FLORIDA

2024 MAY 24 PM 1:50
FLORIDA
DIVISION OF STATE

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

META PROTEA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2021 and assigned
Florida document number L21000528473

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Z CONNECT TELECOM, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

500 East Broward Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Suite 1870

Fort Lauderdale, Florida 33067

Enter new mailing address, if applicable:

500 East Broward Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Suite 1870

Fort Lauderdale, Florida 33067

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIANELLA SPRADLIN	18801 N. DALE MABRY HWY	<input type="checkbox"/> Add
		STE 119	<input checked="" type="checkbox"/> Remove
		LUTZ, FL 33548	<input type="checkbox"/> Change
AMBR	GENESIS MUSCELLI	500 East Broward Boulevard	<input checked="" type="checkbox"/> Add
		Suite 1870	<input type="checkbox"/> Remove
		Fort Lauderdale, Florida 33067	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 05/22, 2024

 Signature of a member or authorized representative of a member

NICKOLAS SPRADLEN AUTHORIZED REP. OF A MEMBER