

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000431832

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.

((H23000284142 3)))



H230002841423ABC.

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

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
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: Louis.hovestrand@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
QUANTUMPLICITY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2023 AUG 17 PM 12:01
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 17 AM 11:26
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 19 2023
K. Brumbley

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

QUANTUMPLICITY, 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 10/06/2022 and assigned
Florida document number L22000431832.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

151 E. WASHINGTON ST.

#519

ORLANDO FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

151 E. WASHINGTON ST.

#519

ORLANDO FL 32801

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: LOUIS LOVESTRAND

New Registered Office Address: 151 E. WASHINGTON ST. #519

Enter Florida street address

ORLANDO

City

Florida 32801

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

APPROVED
AND
FILED
2022 AUG 17 AM 11:25
CLERK OF THE
COURT
STATE OF
FLORIDA

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	NICKOLAS 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	LOUIS LOVESTRAND	151 E. WASHINGTON ST.	<input checked="" type="checkbox"/> Add
		#519	<input type="checkbox"/> Remove
		ORLANDO FL 32801	<input type="checkbox"/> Change
AMBR	WILL LEE	151 E. WASHINGTON ST.	<input checked="" type="checkbox"/> Add
		#519	<input type="checkbox"/> Remove
		ORLANDO FL 32801	<input type="checkbox"/> Change
AMBR	ORION BEADLING	151 E. WASHINGTON ST.	<input checked="" type="checkbox"/> Add
		#519	<input type="checkbox"/> Remove
		ORLANDO FL 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Louis Lomax
Signature of a member or authorized representative of a member

Year	Percentage of Population Aged 65 and Over
1950	7
1960	10
1970	12
1980	14
1990	16
2000	18
2010	19
2020	20
2030	21
2040	22
2050	22