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## **COVER LETTER**

SUBJECT:	MBService	s of Jax LLC	
	Nume of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Cynthia	Name of Person	
	Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  m all correspondence concerning this matter to the following:  Cynthia Cettis Name of Person  NB Services Firm/Company  4459 Marsh Hawk Ar  Address  City/State and Zip Code  Cynthiagethis 1 Lanl. Com  E-polit address: (to be used for future annual report notification)  information concerning this matter, please call:  His Cettis and Code  Name of Person  a check for the following amount:  Filing Fee  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		
	4459 Ma	rsh Hawk 1	
	JACKSONU	City/State and Zip Code	8
	CynthiageHis E-mail address:	1 & aol. com to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Cynthia Name o	GeHis of Person	at 904 226 Area Code Daytime	- 7 1 7 2 e Telephone Number
Inclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

NBServices  (Name of the Limited Liability Compa (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 <u>L210</u> 00 264 675	were filed on $5-29-21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	JACKSONVIlle, Fla 32218
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:	address on our records, enter the name of the new registered
Name of New Registered Agent: Cyn H	hin Gettis
New Registered Office Address:	Enter Florida street address
JACKS	City Florida 33218

## 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

The second secon

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
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fan effective dat Note: If the da	, if other than the is listed, the date mute inserted in this bective date on the I	ist be specific and a block does not m	cannot be prior to eet the applicab	date of filing or m le statutory filin	ore than 90 days	optional) safter filing.) Purs s, this date will	uant to 605.026 not be listed a
record specified is filed.	es a delayed effecti	ve date, but not a	an effective tim	c, at 12:01 a.m.	on the carlier	of: (b) The 901	h day after th
Dated				_ •			
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