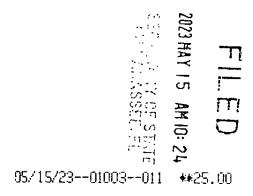
L21000438945

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	Registration Se Division of Cor		• • •		
a		APPHIRE REALTY LLC	*		
SUBJEC	۲i:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	indence concerning this matter	to the following:		
		NATHANEL SEREBREN	NK		
			Name of Person		
		SILVER SAPPHIRE REA	LTY LLC		
			Firm/Company		
7500 NW 25th ST SUITE 237					
		DORAL, FL 33122			
			City/State and Zip Code		
		INFO@JCBSOLUTIONSE	NC.NET		
		E-mail address: (to be used for future annual report no	tification)	
For furth	er information c	oncerning this matter, please c	all:		
NATHANEL SEREBRENIK		866 296-1833			
	Name o	f Person		me Telephone Number	
Enclosed	l is a check for th	ne following amount:			
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address:		
	Registration S		Registration Se		
	Division of C P.O. Box 632	•	Division of Co The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVER SAPPHIRE REALTY LLC			
(Name of the Limited Liability C (A Florida Lii	Company as it now appears on our recordenited Liability Company)	5.)	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L21000438945}{L21000438945}$.	rticles of Organization for this Limited Liability Company were filed on $\frac{10/06/2021}{}$ and ass a document number $\frac{L21000438945}{}$.		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company here:		
NSE CONSULTING LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"		
Enter new principal offices address, if applicable:		2023	
(Principal office address MUST BE A STREET ADDRES	<u></u>		
Enter new mailing address, if applicable:		15 温 SSEE SSEE SSEE SSEE SSEE SSEE SSEE SS	
(Mailing address MAY BE A POST OFFICE BOX)		[2]	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	FNI	.4.1.	
	Flo	rida Zip Code	
Nav Pagistarad Agant's Signature if shanging Pagistarad t	•	•	

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> **Type of Action** ______ Change

 		UAdd
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an effect tote: If	tive date, if other than the date of filing:
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 l.
ated	May 15, 2023.
	11-6-11
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00