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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
	SERVICES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	NURY DEL BUSTO			
Name of Person				
DBONE SERVICES, LLC				
Firm/Company				
8630 NW 5TH TER 210				
		Address	 	
	MIAMI, FL 33126			
	NDELBUSTO91@GMAIL			
		to be used for future annual report in	otification)	
For further information	concerning this matter, please c	all:		
NURY DEL BUSTO				
Name	of Person	Area Code Day	time Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 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 Addre	ss:	Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBONE SERVICES, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	· · ·
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.23000146841}{1.00000000000000000000000000000000000$	any were filed on $\frac{03/22/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NMDB SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offi	ice address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		12.23
		温温和工
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
		7014
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street adaress	All IC: 3
	Florida _	
	City	Žip 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 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
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			□ Add
			□Remove
			Change
		 	□Add
		 -	□ Remove
			Change
			□ Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 __ APRIL 11 2023 Signature of a member or authorized representative of a member NURY DEL BUSTO Typed or printed name of signee

Filing Fee: \$25.00