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COVER LETTER

TO;	Registration Se Division of Cor		· •	
CUDIC	NSRB Ente	rprises LLC		•
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Nelson Silverstein		
			Name of Person	
		NSRB Enterprises LLC		
	NSRB Enterprises LLC Firm/Company 1881 4th Street Suite 1 Address			
		1881 4th Street Suite 1		
			Address	
		Sarasota Florida 34235		
Address				
				
For furt	her information c	E-mail address: (oncerning this matter, please c	•	fication)
Nelson	Silverstein		941 527=7366	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	ne following amount:		
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

• • •

Street Address:

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

ility Company as it now appears on our records.) da Limited Liability Company)	
Company were filed on 5/25/2023	and assigned
·	
mited liability company here:	
imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
	· · · · · · · · · · · · · · · · · · ·
DRESS)	· · · · · · · · · · · · · · · · · · ·
red office address on our records, <u>enter th</u> :	e name of the new registe
	
linter klarida etraat addrase	
Flori	ida Zip Code
	Company were filed on 5/25/2023 mited liability company here: mited Liability Company," the designation "LLC" of the company here: PRESS ed office address on our records, enter the company here: Enter Florida street address Florida street address

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
AMBR	Claudia P. Daddario	525 96th Ave. N	≅Add
		Naples, Florida 34108	□Remove
		*- <u>-</u>	Change
			🗀 Add
			□Remove
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	be specific and cannot be prior to date of fil- ck does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursua ory filing requirements, this date will no	
record specifies a delayed effective l is filed.	date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th	day after the
September 20 Pated	2023		
	Nelson Silverstein		
	ignature of a member or authorized repres	entative of a member	

ETT E. COCO