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SEGNETY SEALS FALE

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SURIECT:	NBF Con	sulting Serv	lices LLC
	Name of Limi	ted Liability Company	
	•		
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Wil	Quan Ranson	
		Name of Person	
	enclosed Articles of Amendment and fee(s) are submitted for filling. se return all correspondence concerning this matter to the following: Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Nilguen Benson Name of Person Nilguen Benson Nilguen Benson		
	<u> </u>	Firm/Company	
	5153 R	Push brook Rd	
		Address	
	Land o	' Lakes, FL 39	4638
	· 11.	matter to the following: Nilguen Benson LLC Firm/Company Rush brock Rod Address O' Lakes FL 34638 City/State and Zip Code O' Lakes O' Lakes O' Lakes D' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes FL 34638 City/State and Zip Code O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' Lakes FL 34638 O' Lakes O' Lakes O' La	
	E-mail address: (i	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Nilguen	Benson	ar 919 239	- 3874
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ITING Services LLC
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)
(A Fronda Emilie	1 1 5 20
The Articles of Organization for this Limited Liability Compar	ny were filed on 05/25/2023 and assigned
Florida document number <u>L23000256939</u>	
This amendment is submitted to amend the following:	ASSU TRANSCO
A. If amending name, enter the new name of the limited lia	ability company here:
Wilguen Benson, LLC The new name must be distinguishable and contain the words "Limited Lia	AIE 17
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	5153 Rushbrook Rd Land O Lakes, FL 34638
(Principal office address MUST BE A STREET ADDRESS)	Land O Lakes, FL 34638
Enter new mailing address, if applicable:	5153 Rushbrook Rd Land o lakes, FC 34638
(Mailing address MAY BE A POST OFFICE BOX)	Land o lakes, FC 34638
	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e 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:	Vilguen Benson
New Registered Office Address:	Nilguen Benson 5153 Rushbrode Rd Enter Florida street address
Igna	d o' Lakes, Florida 34638
	City Zip Code
Nam Desistand America Circums of the circums at America	

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.

M. Bernard 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>	Address	Type of Action
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tive date, if other tha Yective date is listed, the da	n the date of filic	na: 08/01/3	2024	(optional)	
Tective date is listed, the da	ate must be specific ar	nd cannot be prior to dat	e of filing or more than	90 days after tiling.) Pursuan	it to 605
			statutory filing require	ements, this date will not	be list
nent's effective date on	the Department of	State's records.			
	ffective date, but no	ot an effective time, a	t 12:01 a.m. on the ea	arlier of: (b) The 90th d	ay afte
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	11	Vilgue	Der	~	
	~	a member or authorized	representative of a men	nber	
	Signature of a	•		nber	