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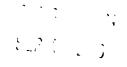
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COVER LETTER

TO:	Registration Se Division of Cor		,	
2FAB&SO SUBJECT:		NS SERVICE LLC		
SUBJE	·C1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	indence concerning this matter	to the following:	
		Fabio Terranova		
			Name of Person	
			Firm/Company	
		5881 town bay dr. apt 931		
			Address	
		Boca raton, FL, 33486		
			City/State and Zip Code	
		2fabmarketing@gmail.com	to be used for future annual report no	titication)
For fur	ther information c	oncerning this matter, please c		,
Fabio 1	Ferranova		561 4103050 at ()	
	Name o	f Person		me Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2	5.00 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	ection
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	·L 52514	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2FAB&SONS SERVICE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ^{08/17/2023} and assigned Florida document number $\frac{L23000387734}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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: New Registered Office Address: Enter 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.

Circ

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	FABIANA CORDARO		_ □Add
		5881 TOWN BAY DR. BOCA RATON FL 33486 A	p′ ≘ Remove
			□Change
			_ □Add
			_ □Remove
			_ ⊡Change
			_ □Add
			_ □Remove
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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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 ord is filed. Dated Once ON/21/2023 The Armino	20 P. 1:5	
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Typed or printed name of signee