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COVER LETTER

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	gistration Se rision of Cor			
cunica		SINESS SERVICES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		ZULEYKA RODRIGUEZ		
			Name of Person	
		RODRIGUEZ & CO.		
			Firm/Company	
		3553 STARKEY DR		
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		RODRIGUEZANDCO.CP/		
			to be used for future annual report notif	fication)
For further i	nformation co	oncerning this matter, please c	all:	
ZULEYKA	RODRIGUE	7.	321 442-3264 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	ne 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)
	niling Addres gistration S		Street Address: Registration Sec	ction
Di	vision of C	orporations	Division of Cor	porations
	O. Box 632 Ilahassee, I		The Centre of T	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N & N BUSINESS SERVICES LLC		ن د
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 05/08/2024	and assigned ∰
Plorida document number 1.24000214724		
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 I	Liability Company," the designation "LLC	C" 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)		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	
	FI	lorida = Zin 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 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>	Address	Type of Action
MGR	MARILIA G PEREIRA NASCIM E NTO	3674 VEGA CREEK DR SAINT CLOUD , FL	≣ Adđ
		34772	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			Change

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