112000103538

(Re	equestor's Name)	
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FEB - 3 2014

T. BROWN

COVER LETTER

Division of Corp	orations		
SUBJECT: NO.	mad Tents 1 Name of Limit	LSA LLC ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
•	Bradley.		<u></u>
	Nomacl Te	Firm/Company	
		Firm/Company	
	1005 Su S	24" Street #	131
	Fort Laude bradley @ E-mail address: (to	City/State and Zip Code nomadtentsusa o be used for future annual report notificati	3315 .com
For further information co	ncerning this matter, please ca	all;	
Brackley Name of	Morr's Person	at (<u>954)</u> 609 2 Area Code & Daytime Te	523 elephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	-	□\$55.00 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

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r records.)

Nomus Tents USA, 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 $\frac{08/13/2012}{12000103538}$ and assigned Florida document number $\frac{112000103538}{12000103538}$.

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company, the designation "LLC" or the abbreviation
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: Brackey

New Registered Office Address: 1/05 Citrus Isle

Enter Florida street address

Fort Lauderdale, Florida 33315

City Zip 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TATLOR, Kelly R	1005 SW 8th Street	Add
	·	1005 SW 8th Street Fort Lauderdale	Remove
		FL, 33315	
			Add
		·	Remove
			Add
			Remove
			Add
			Remove
			— Add
			Remove
			Remove
			Add
			Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ated	August 11, 2012
u	The state of the s
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00