L18000173489

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(Rec	uestor's Name)	_
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Nomadic Jervices L	LC	·
Name of Limi	ted Liability Company	Z0Z0 ATT 15 PH 2: 04
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
Belly B	Name of Person	
	Scrulces LLC Firm/Company	
2143 S Fe	rNdell Pt	
Crystal Rive	Civil State and Zin Code	
boo blakey!	City/State and Zip Code City/State and Zip Code Company Company Obe used for further annual report noti	fication)
For further information concerning this matter, please ca	111:	
Betty Blakey Name of Person	at (<u>\$59</u>) <u>333-15</u> Area Code Daytim	c Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 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:	Street Address: Registration Se	etion
Registration Section Division of Corporations	Division of Cor	porations
P.O. Box 6327	The Centre of T	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2020

BETTY BLAKEY 2143 S. FERNDELL PT CRYSTAL RIVER, FL 34429

SUBJECT: NOMADIC SERVICES, LLC

Ref. Number: L18000173489

We have received your document for NOMADIC SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00019352

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Normalic Services L	LC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 489.	were filed on 7 17 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	obreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Europ Elmide de de Lleve	
	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соде

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 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>	Name	Address	Type of Action
MERM	Millord W Blakey	2143 5 Ferndell Pt	□Add
	1	2143 5 Ferndell Pt. Crystal River, FL 34429	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: 01012020 (optional) Sective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the recor	d 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 led.
Dated	8 17 2020
	Signature of a member or authorized representative of a member
	Roth M Blaken