## 118000179533

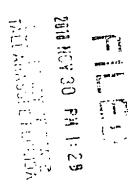
(Řequé	estor's Name)	
(Addre	ss)	
(Addre	ss)	<u> </u>
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docur	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





800320745128

11/30/18--01016--015 \*+55.00



7.50.5.10.0 7.50.5.10.0

## **COVER LETTER**

TO: Registration Se Division of Cor		·			
	MADAS, LLC				
SUBJECT:	Name of Limi	ted Liability Company	<del> </del>		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Jose Farid Chacon				
	NMD NOMADAS, LLC	Name of Person			
	1168 NW 165 Avenue	Firm/Company			
	Pembroke Pines FL 330	Address 028		ca	
	faridchacon@nomadas.net	City/State and Zip Code		BIE KOY	1
	E-mail address: (t	o be used for future annual report notific	ation)	/ 30	2745011
For further information c	oncerning this matter, please ca	H:		777 TO	1
Jose Farid Chacon		954-668-5852 at ( )			: .
Name o	f Person	Area Code Daytime	Telephone Number	5 15 CO	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS: 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

NMD NOMADASS, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L-18000179533	bility Company were filed on 07-26-2018	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
R. If amonding the registered agent and/or	registered office address on our records, enter	the name of the ne
registered agent and/or the new registered office		the name of the ne
		30
Name of New Registered Agent:		
New Registered Office Address:		7 ( )
	Enter Florida street address	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
	, Florida	Zin Code
	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 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 Jose Farid Chacon	Address 1168 NW 165 Avenue	Type of Action	
AMBR		Pembroke Pines FL 33028	<b>□</b> Add	
			□ Remove	
			Change	
MGR	Cristobal Arria	Pembroke Pines FL 33028	<b>=</b> Add	
			□ Remove	
			Change	
		4.	Add	
			☐ Remove	
			Change	
			D'Add F	
		<del> </del>	Remove 5	
			Change	
			Add └•	
			Remove	
		<u> </u>	Change	
			O Add	
			C Remove	
			Change	

					_
	.,	· <del></del> ,			_
			·		
<del></del>					
					<del></del>
		<del></del>	-		<del></del>
			··	<u> </u>	_
					20:5
•				<u></u>	
				27 1.1 0	<u> </u>
			<del></del>		
					; <del>\</del>
					_
(If an effection Note: If t	date, if other than the date of filing: we date is listed, the date must be specific and on the date inserted in this block does not me as effective date on the Department of Sta	annot be prior to date et the applicable st	of filing or more than 90 d		
	d specifies a delayed effective da Oth day after the record is filed.	te, but not an	effective time, at 1	2:01 a.m. on the ea	rlier of:
Dated	November 26th	2018			
			m:		
	Signature of a me	mber or authorized 1	epresentative of a member	•	
	JOS	E FARID CHACC	N N		

Page 3 of 3

Filing Fee: \$25.00