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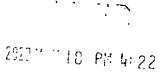
Registration Section

TO:

Divi	sion of Cor	porations			
	PASSIFLO	RA ARTS CONSULTANT L	LC		
SUBJECT: Name of Limited Liability Company					
75	A mat all an and	A	to the see		
i ne enciosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		PAULA JULIANA FORE	RO		
			Name of Person		
		PASSIFLORA ARTS CO	NSULTANT LLC		
			Firm/Company		
		9715 SW 59TH STREET			
			Address		
		COOPER CITY, FL 3332	8		
			City/State and Zip Code	·	
		JULIANAFOR@ME.COM			
		E-mail address: (to be used for future annual report no	trication)	
For further in	formation co	oncerning this matter, please of	all:		
PAULA JUL	IANA FOR	ERO	713 591-3002		
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed is a	check for th	e following amount:			
		-	T 655 00 177		
□ \$ 25.00 Fi	ung ree	□ \$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 Address:		Street Address:			
Registration Section		_	Registration Section		
Division of Corporations		Division of Corporations			
	Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PASSIFLORA ARTS CONSULTANT 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 C	Company were filed on SEPTEMBER 26, 2018 and assigne	v4
Florida document number 1.18000228704	and assigne	u
	 '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
NOMAD ART PROJECTS LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	ed office address on our records, enter the name of the new res	<u>zistered</u>
New Registered Office Address:		
	Enter Florida street address	
	, FloridaZip Code	
Naw Bagistarad Agant's Cignature if shouling Decision	•	
New Registered Agent's Signature, if changing Registere	-	
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply we complete performance of my duties, and I am familiar with an agent as provided for in Chapter 605, F.S. Or, if this documented office address. I hereby confirm that the limited liability.	ıd
	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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
			□Add
			\ □Remove
			□Change

)
	
	
	
	
	
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<u> </u>	/
	
/	<u> </u>
Note: If the date inserted in this l	ne date of filing:
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 12	2020 In An Folia Ferro Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee