## L21000388551

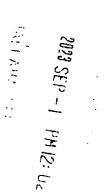
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

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Registration Section
Division of Corporations

TO:

eubleæt.	Nomade RF	ELLC			
SUBJECT:	-	Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Yonel Devico			
			Name of Person		
Nomade RE LLC					
			Firm/Company		
1688 Meridian Avenue, 6th Floor					
		•	City/State and Zip Code		
		yoneldevico@gmail.com			
		E-mail address: (	to be used for future annual report noti-	fication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Yonel Devic	0		917 400-3129 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
<b>■</b> \$25.00 F	Filing Fee	S30.00 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: Registration Section		Street Address: Registration Sec			
Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314				e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nomade RE LLC		2023 SEP - 1 PM 12: 02	
(Name of the Limi	ted Liability Company as it r (A Florida Limited Liability C	low appears on our records.) Company)	
The Articles of Organization for this Limited L	iability Company were fi		and assigned
Florida document number L21000388551	<del>-</del>		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability cor	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, enter the name of	the new register
Name of New Registered Agent:	Yonel Devico		
New Registered Office Address:	1688 Meridian Ave, 6th		
· <del>-</del>		Enter Florida street address	
	Miami Beach	, Florida <sup>33129</sup>	
	City	•	Lip 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	Brandon K Ramos	3403 NE 171st Street	□Add
		North Miami Beach, FL 33160	■Remove
			Change
MGR	Yonel Devico	1688 Meridian Ave., 6th Floor	■Add
		Miami Beach, FL 33139	□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		-7	Remove
			Change
			□Add
			Remove

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Note:	we date, if other than the date of filing:    B 2+ 20+3   (optional)
record is file	
Dated _	8/24/ . No23 .
	Signature of a member or authorized representative of a member
	Yonel Devico

Typed or printed name of signee