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22 AFR 11 AM 8: 35

T. MATTHEWS APR 27 2022

## **COVER LETTER**

Divi	ision of Cor	porations	•	
SURJECT	THE NOMADIC STORE LLC			
JOBALCI.			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	<del>-</del>	
		Stephanie Goebel		
			Name of Person	<del></del>
		Zen Business		
			Firm/Company	<del></del>
		5511 Parkerest Drive, Ste.	103	
			Address	<del>-</del>
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om	
		E-mail address; (	to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please co	all:	
Stephanie Go	nebel		844 493-6249	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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 FILED STATE OF STATE OF

22 APR 11 AM 8: 35

The Nomadic Store LLC

company has been notified in writing of this change.

(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 Lia	ability Company were filed on 09/28/2021	and assigned	
Florida document number 1.21000426398	<del></del> ·		
This amendment is submitted to amend the follo			
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "I	J.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/o	or registered affice address on our reco	ards antar the name of the no	
registered agent and/or the new registered off		rus, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
new negatesed office / national.	Enter Florida street ade	lress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis.	er and complete performance of my duties.	and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	<u>Address</u>	Type of Action
AMBR	Ghizlane El Moussair		□ Add
		3773 Kendra Court North Clarksville, TN 37040	<b>■</b> Change
			□ Remove
			Change
		<del></del>	Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		<del></del>	
		<del></del>	☐ Remove
			Change
			Remove
			Change

D. If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
	- <del></del>
<del></del>	
2. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the listed.	e date of filing:
the record specifies a delayed). The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: cord is filed.
Dated April 6	2022
/s/ Ghizlane El Mou	issair
	Signature of a member or authorized representative of a member
Ghizlane El Moussair	
	Typed or printed name of signee

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