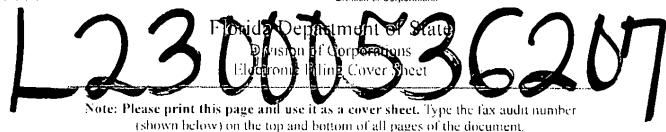
2/21/24, 4:14 PM

Division of Corporations



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In:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010200062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOMADS CARD VAULT LLC

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Certified Copy	1
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M. SOLOMON

FEB 2 2 2024

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To:

COVER LETTER

TO: Re Di	gistration So vision of Co	ection rporations				
SUBJECT:	NOMADS	CARD VAULT LLC				
COBBLET.		Name of Lin	nited Liability Company	····		
		Amendment and fee(s) are subordence concerning this matte	-			
		Cheyenne Moselcy				
			Name of Person	<u> </u>		
		Legalzoom.com, Inc.				
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		City/State and Zip Code			٠, ١	
		nomadscardvault@gmail.c			PM 12: 20	\bigcirc
	E-mail address: (to be used for future annual report notification)			fication)	· 23	
For further i	nformation c	oncerning this matter, please o	rail:			
Cheyenne N	loseley		800 773-0888 at ()			
	Name o	t [*] Person	Area Code Daytim	e Telephone Number	-	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	Status &	
	MAILI	ING ADDRESS;	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOMADS CARD VAULT LLC		
(Name of the Limited Limitey Compa (A Florida Limited L	ny <u>as it now appears on our records</u> liability Company)	<u>)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000536207</u>	were filed on 12/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
Nomads Card Shop LLC		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company." the designation "LLC"	or the abbreviation "L.L.(12)
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS)		<u></u> w
		10 1
Enter new mailing address, if applicable:	a	77 77
(Mailing address MAY BE A POST OFFICE BOX)		<u>က </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rganization for this Limited Liability Company were filed on 12/04/2023 and assigned I number L23000536207 is submitted to amend the following: name, enter the new name of the limited liability company here: p LLC be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLOSS ipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: MAY BE A POST OFFICE BOX) It the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: FNew Registered Agent: gistered Office Address: Enter Florida street address Florida City Zip Code	
	Ctiv	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

Title	Name	<u>Address</u>	Type of Action
AMBR	Tyler Daly	550 S Carnino Seco, Apt. 3308 Tucson, AZ 85710	■ Add
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To:

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 thys after filing.) Pursuant to 605,0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The effective date and adapted effective date, put not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated 18 February Signature of a member or authorized representative of a member					
Effective date, if other than the date of filing: [If the date instruct on the Department of State's replicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's reports. [If the date instruct on this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date on the Department of State's records. [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tildenment's effective date will not be listed as			 		
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		Signature of a member or authorized representative of a member			