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questor's Name)	
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//State/Zip/Phone	#)
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Certificates	of Status
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ation: <u>Noma<i>d</i></u> er: <u>P210000</u>		Inc
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
_	Leah	Suzor	
		Name of Contact Person	
-		Firm/ Company	
-	540 674	Street	
-	Holmes Ber		4217
For further information	Leah @Shopn E-mail address: (to be us	nomad collecti ed for future annual report	
	uzor	<u>.</u>	725-1456
	f Contact Person		le & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	XS43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis	ing Address Indment Section Island of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Nomad Colli	ection Inc
	ntly filed with the Florida Dept. of State)
P21000073	776
	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Nomad Collection AmI	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.)	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	540 67th Street
	Holmes Beach FL
	34217
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr	
Name of New Registered Agent	20:
(Florida	a street address)
New Registered Office Address:	Florida 52 C
Her Registered Office Hadress.	(City) (Zip Ende)
	(City)
N. D. Carlot and C. Carlot and American Decisions of American	7
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Signature of Nev	w Registered Agent, if changing
Ç	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer: S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>N</u> ame	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary)	rticles, enter chan . (Be specific)				
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f an amendment provides for an ex	change, reclassifi	cation, or cancel	ation of issued s	hares,	
provisions for implementing the an	<u>nendment if not c</u>	ontained in the a	<u>mendment itself</u>	<u>:</u>	
(if not applicable, indicate N/A)					
	<u> </u>	<u> </u>		-	
		<u> </u>	<u> </u>		
<u> </u>					
			**- *		
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The date of each amendment(s) date this document was signed.	adoption:			if other than the
Effective date if applicable:	Flug.	17,	2021 n 90 days after amendment file date)	
	3 (,	no more tha	n 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the			plicable statutory filing requirements, this date will s.	not be listed as the
Adoption of Amendment(s)	(CHE	CK ONE)		
The amendment(s) was/were a action was not required.	adopted by the inc	corporators,	or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were a by the shareholders was/were			The number of votes cast for the amendment(s)	
			through voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendi	ment(s) was/	/were sufficient for approval	
by	(voting			
	(voting	g group)		
Dated Fe	b. 1, 2	2022		
Signature		M.	seca Monday	_
selec		orator 🕽 if in	officer – if directors or officers have not been n the hands of a receiver trustee, or other court ary)	
	Jes.	Si Ca	Holiday ted name of person signing)	
	Oxog	R P	resident	
	(Ti	tle of person	n signing)	