## L120W047963

(Red	questor's Name)	<u></u>
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	UBJECT: NOVO'S PROPERTIES LLC		
		ted Liability Company	LE TOTAL
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	12 NG -9 PH
Please return all corresp	ondence concerning this matter	to the following:	
		,	
	.C		
		Address	·····
		MIAMI FL 33184	
		City/State and Zip Code	
	E-mail address: (1	onnovo@yahoo.com to be used for future annual repor	rt notification)
For further information	concerning this matter, please c	·	
JC	OSE I NOVO	at (_786 )	7182840
Name	of Person		Daytime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:		OURIER ADDRESS:
Divisi	tration Section fron of Corporations Box 6327	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVO'S PROPERTIES LLC



( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appea	rs on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL12000097963		07/27/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
N/A	•		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)		<del> </del>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  N/A		our records, <u>enter tl</u>	he name of the new
New Registered Office Address:	Er	nter Florida street addi	ress

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 608, 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.

City

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title **Name Address** Type of Action MGR JOSE I NOVO 11890 SW 6 ST MIAMI FL 33184 ✓ Add Remove MGR JOSE I NOVO CUEVAS 11890 SW 6 ST MIAMI FL 33184  $\square$  Add ✓ Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member JOSE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00