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(R∈	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations		•
	AGO'S PF	ROPERTY VENTURES LLC		
SUBJECT: _		Name of Lim	ited Liability Company	:
The enclosed A	articles of	Amendment and fee(s) are sub	mitted for filing.	
			-	
ricase ieimii ai	ii correspo	ndence concerning this matter	to the following:	
		DAGOBERTO RAMIREZ	:	
			Name of Person	
		DAGO'S PROPERTY VE	NTURES LLC	
			Firm/Company	
		15220 SW 302 ST	·	
			Address	
		HOMESTEAD, FL 33033		
		-	City/State and Zip Code	·-·
		daprve@gmail.com		
		E-mail address: (to be used for future annual report n	otification)
For further info	ormation co	oncerning this matter, please c	all:	
DAGOBERTO) RAMIRE	ZZ	786 457-3292	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a cl	heck for th	e following amount:		
□ \$25.00 Fili	ing Fee	■ \$30.00 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)
	ng Address		Street Address:	
-	stration S	section orporations	Registration S Division of C	
P.O.	Box 632	7 -	The Centre of	
Talla	hassee, F	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on ou Liability Company)	ar records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000184228	were filed on 07/17/201	19 and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NOVA RAMI VENTURES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	15220 SW 302nd St	
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33	033
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	15220 SW 302nd St HOMESTEAD, FL 33	
3. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records	s, <u>enter the name of the new regi</u> s
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
		, Florida
	City	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 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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□ Change
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ffective date, if other than the d	ate of filing: 03/01/2024		(optional)
an effective date is listed, the date must book in this block. If the date inserted in this block	be specific and cannot be prior to	o date of filing or more than 90	0 days after filing.) Pursuant to 605.02
ocument's effective date on the Den	partment of State's records.	sic statutory filling requires	ments, this date will not be fished i
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