

K21 000285794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

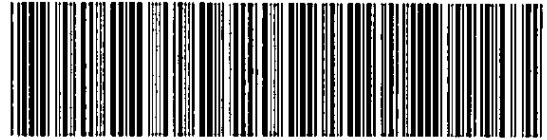
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/11/22--01014--011 \*\*25.00

7/8/22  
15/12/22

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INVERSIONES NOVUS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER A CARDONA

Name of Person

INVERSIONES NOVUS LLC

Firm/Company

1845 NW 112TH AVE SUITE 188

Address

MIAMI FLORIDA 33172

City/State and Zip Code

JUCARDONA91@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER A CARDONA

305 216-2313  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

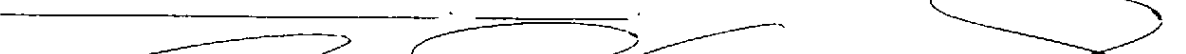
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILSON LEON LESMES	5726 TUSCANY TER	<input checked="" type="checkbox"/> Add
		TAMARAC FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JUAN C CARDONA DIAZ	5726 TUSCANY TER	<input type="checkbox"/> Add
		TAMARAC FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JAVIER A CARDONA	12642 NW 7TH LN	<input type="checkbox"/> Add
		MIAMI, FL 33182	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

JUNE 20 \_\_\_\_\_ 2022



Signature of a member or authorized representative of a member

JAVIER A CARDONA

Typed or printed name of signee