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TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor			
CHD IFCT		NTURES PROPERTIES LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		LUIS FERNANDEZ		
			Name of Person	
		A TAX SOLUTIONS COI	RP	
			Firm/Company	
		4805 NW 79TH AVE SUI	TE 10 MIAMUFL 33166	
			Address	
		MIAMI FL 33166		
		INFO@ ATAXSOLUTIONS	City/State and Zip Code SCORP.COM	~``
		E-mail address: ()	to be used for future annual report notification)	25.0 38.00 38.00
For further	information co	oncerning this matter, please ca	all:	
LUIS FER	NANDEZ		305 600-6379 at ()	Σ
	Name of	l'Person	Area Code Daytime Telephone Sumber	9 55 5 55
Enclosed is	a check for th	e following amount:		٠,
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	ailing Address egistration S		Street Address: Registration Section	
D	ivision of C O. Box 632	orporations	Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVA VENTURES PROPERTIES LLC	
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were clorida document number 1.24000328489	filed on 07/24/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	20 Mag
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fiorida street adaress
	Florida Zin Code
('ity 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
MGR	JIMENA GUZZY RODRIGUEZ	4805 NW 79TH AVE SUITE 10 MIAMI FL 33166	□Add
			= Remove
			□Change
MGR	LUIS FERNANDO ALCALA VALLEJO	4805 NW 79TH AVE SUITE 10 MIAMI FL 33166	
			≡ Remove
			□Change
MGR	LEAV HOLDING CO	4805 NW 79TH AVE SUITE 10 MIAMI FL 33166	= Add
			□Remove
			□ Change
MGR	DIEGO VELAZQUEZ	4805 NW 79TH AVE SUITE 10 MIAMI FL 33166	= Add
			☐Remove
			:
			co □Add
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			□Change
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ve date, if other than the date of filing: $16-01-3$	2079 (optional)
ective date is listed, the date must be specific and cannot be prior to date of If the date inserted in this block does not meet the applicable state	filing or more than 90 days after filing.) Pursuant to 602
ent's effective date on the Department of State's records.	may mag requirements and care with the second
d specifies a delayed effective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after
ed.	
October by 2024	
<u> </u>	
M_{-}	esentative of a member

Typed or printed name of signee