# 5000/76590

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

то:	Registration Sec Division of Corp							
		JMN OF	BREVARD, LLC					
SUBJI	Name of Limited Liability Company							
The en	iclosed Articles of A	mendment and fee(s) are subr	nitted for filing.					
Please	return all correspon	dence concerning this matter t	to the following:					
			NIKOLAI PIPPA	_				
			Name of Person	<del></del>				
			JMN OF BREVARD, LLC					
			Firm/Company					
			4585 CHICAGO AVE					
			Address	<del></del>				
		W	. MELBOURNE, FL 32904					
			City/State and Zip Code					
		E-mail address: (t	to be used for future annual report notifi	cation)				
For fu	rther information co	ncerning this matter, please ca	all:					
ſ	Viko Pi Name of	Person	at (32) 620 Area Code Daytime	7 - 5 3 18 Telephone Number				
Enclo:	sed is a check for th	e following amount:						
<b>■</b> \$2	25.00 Filing 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)				

MAILING ADDRESS:

TO:

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

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BREVARD, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appended Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number L15000176590	pany were filed on _	OCTOBER 16, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>		SECRETAL SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED SIA
			<b>£</b> 500
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address ss here:	on our records, <u>enter</u>	the name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enter F	Torida street 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 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>	Address	Type of Action
MGR	JOHN PIPPA	715 JOHN CARROL LANE	Add
		W, MELOURNE, FL 32904	■ Remove
			Change
			☐ Add
			□ Remove
			Change
			Remove
			☐ Change
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