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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 Fax Number : (407)612-2181

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRK INTERMEDIATION AND SALES LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

BRK INTERMEDIATION AND SALES LLC

SUBJECT:

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:

EMERSON CORREA

	Firm/Company	
6735 CONROY	' ROAD STE 219	
	Address	
ORLANDO,FI	, 32835	
 	City/State and Zip Code	

For further information concerning this matter, please call:

EMERSON CORREA

8630096

Name of Person

Name of Person

Area Code

Daytime Telephone Number

MailingAddress:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	ny as it now appears on our rece liability Company)	rds.)
of Organization for this Limited Liability Company ment number L20000066453	were filed on <u>02/28/2020</u>	and assigned
ment is submitted to amend the following:		
ding name, <u>enter the new name of the limited liab</u>	ility company here:	
must be distinguishable and contain the words "Limited Liabi		
principal offices address, if applicable: **ffice address MUST BE A STREET ADDRESS** **Fire address MUST BE A		.,3
mailing address, if applicable:	6735 CONROY ROAD STE	219
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32835	
ding the registered agent and/or registered office or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
ime of New Registered Agent:		
ew Registered Office Address:	Enter Florida street ado	tress
		Florida
	•	Zip Code

□ 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 = M AMBR = A	anager uthorized Member	H20000337337 3	
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			□Add
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ffective date, if other than the fine effective date is listed, the date made in this locument's effective date on the locument's effective date on the locument.	slock does not meet	t the applicable s	of filing or more tha tatutory filing requ	(optional) n 90 days after filing.) P irements, this date w	ursuani to 605.02 III not be listed
record specifies a delayed effect d is filed	ve date, but not an	effective time, a	t 12:01 a m, on the	earlier of (b). The	Xπh day after t
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