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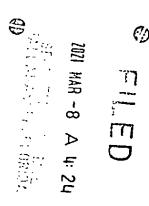
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: BREVÄRI	O TMAD LLC Name of Lim	ited Liability Company	*	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	VENKAT PUSKUR	Name of Person	- 	
	BREVARD TMAD LLC			
	2338 citadel way, suite 10.	Firm/Company		
	2336 Chauci way, Suite 10.	Address	N =	
	melbourne, fl 32940	City/State and Zip Code		
For further information c	venp@outlook.com E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	
venk puskur Name o	f Person	at (321) 9488555 Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne following amount:		40 No. 21	QL)
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T	etion 24 porations allahassee	<u>ر</u>
	27	The Centre of T		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD TMAD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/10/2021 and assigned Florida document number L21000071441 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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
AMBR	V3S INVESTMENTS, LLC	3188 WYNDHAM WAY, MELBOURNE, FL 3294	<u>0</u> ≘ Add
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Filing Fee: \$25.00