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Office Use Only



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COVER LETTER

SUBJECT. BREVARI	D TMAD LLC		
SUBJECT: BREVARI	Division of Corporations BJECT: BREVARD TMAD LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: VENKAT PUSKUR		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	VENKAT PUSKUR		
		Name of Person	
	BREVARD TMAD LLC		
	<u> </u>	Firm/Company	
	1105 TALON WAY		
	HAS TALON WAY	Address	
	MELBOURNE, FL 32934		
	VENP@OUTLOOK COM		
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
VENKAT PUSKUR		at (321) 948-8555	
	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD TMAD LLC	·		
(<u>Name of the Limit</u>	ed Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	<u>i.</u>)
The Articles of Organization for this Limited Li	ability Company	were filed on <u>02/10/2021</u>	and assigned
Florida document number <u>L21000071441</u>	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	2021 TALL
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation, L.L.C."
Enter new principal offices address, if applica	able:	2338 citadel way, suite 102	26 L
(Principal office address MUST BE A STREE	T ADDRESS)	melbourne, fl 32940	Tig R
		•	6 6
			39 RIDE RIDE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:	VEN PUSKUR		
New Registered Office Address:	1185 TALON W		
		Enter Florida street address	
	MELBOURNE	, Flo	rida <u>32934</u>

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.

City

Zip Code

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	GOVIND SRIRAMINENI	3188 WYNDHAM WAY MELBOURNE FL 32940	■Add
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ocument's effective	erted in this block doo date on the Departmo	es not meet the ap ent of State's reco	opticable statutory ords.	illing requiremen	is, this date will	not be I	isted as
	layed effective date,	but not an effecti	ve time, at 12:01 a	a.m. on the earlier	of: (b) The 90	th day at	fter the
record specifies a de l is filed.							
record specifies a de l is filed. ated <u>April 22nd</u>	PVew	hat 2021					

Filing Fee: \$25.00