7/31/24, 11:54 AM

Division of Corporations

Florida Department of

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To:

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: (850)617-6383

From:

Account Name : AVENTUS LAW GROUP PLLC

Account Number : I20230000152 Phone : (321)250-3577 Fax Number : (321)250-3985

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

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BREVARD FL RENTALS, LLC

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: BREVARD FL BENTALS, LLC

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:

Gerrard L. Grant

Name of Person

Aventur Law Group PLLC

Finn-Company

1095 W Morse Blvd Sule Zoic

Address

Winter Park FL 32789

Samin 2002 am cul com______

1) E-mail address: (to be used for fittale annual report notification)

For further information concerning this matter, please call:

Gernard L Grant at 321 250 3227

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

(additional copy is enclosed)

☐ \$60.00 Filing Fee.
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD	tc P	ENTA	rs,	LLC			
(Name of the Limited	Linbility Comp Florida Limited	arry as It now Liability Con	abanA) a ubteut? or	i our records.)		_	
The Articles of Organization for this Limited Liab Florida document number		y were filed	on <u>O</u>	4/22/	2021 and	assigned	i
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of t	he limited lial	oility comp	any here:				
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company	," the desig	nation "LLC" o	r the abbreviation	"L.L.C."	
Enter new principal offices address, if applical	ole:						
(Principal office address MUST BE A STREET	ADDRESS)					20,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2.x)</u>				Hotel	24 JUL 31 PN 2: 5	
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on	our reco	rds, <u>enter th</u>	e name of the	_	<u>istered</u>
Name of New Registered Agent:			·-		***************************************		
New Registered Office Address:	1095			SIVOI street address	sulte:	200	******
-	Winte	1 Pal	í V .	, Flori	da <u>32.77</u> <i>Zip Co</i>	} <u>O</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.

From: Ann Fax: +18212503577 To Fax: +18506176383 Page: 5 of 5 07/31/2024 7:17 PM

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	Signature of a member or authorized representative of a member
	Gerrard L Grant Typed or printed name of signee