## h22000177138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2022 JUN 14 PM 12: 10

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT: BR	CEVARD TL	E 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	P V S K V R  Name of Person
		Name of Person
	BREVAR	D THE LIC
		Firm/Company
	1185 T.	ALON WAY
		Address
	MELBOU	RNE FL 32934 City/State and Zip Code
		City/State and Zip Code
	Venp	to be used for future annual report notification)
For further information c	oncerning this matter, please co	
Venkat	fuskur	a1(321) 948 8535
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:
Registration !		Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

BREVARD TLE	2022 JUN 14 PM 12: 10
(Numa of the Limited Liability Company)	Nas it now appears on our records ALLAHASSEE. FL
(A Florida Limited Liab	ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 22000177138</u>	were filed on O4/13/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	lity company here:
	<del></del>
BREVARD CC* LLC The new name must be distinguishable and contain the words "Limited Liability	ty 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)	
Trincipal Office address (1031 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 add	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
N. CN. D. L. L.	
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

## 1

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
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			□Remove
			Change
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Note: If	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be properties that inserted in this block does not meet the appoint of State's records effective date on the Department of State's records.	nor to date of hing or more than 90 of the statutory filing requirements.	tays after filing.) Pursuant to 605.0
e record s and is filed	pecifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earli	er of: (b) The 90th day after t
Dated	June 11th 200	22	
	Y. Velat	-	
	Signature of a member or as	uthorized representative of a membe	r
	ingulate we a terminal of all		•

Filing Fee: \$25.00