L22000177138

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COVER LETTER

•		COVERLETTER	
TO: Registration So Division of Co		• • • • • • • •	· •
BREVARI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VENKAT PUSKUR		
		Name of Person	
	BREVARD CC LLC		
	-	Firm/Company	
	1185 TALON WAY		
	Address		
	MELBOURNE, FL 32934		
	VENDGOUTLOOK COM	City/State and Zip Code	
	VENP@OUTLOOK.COM E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
VENKAT PUSKUR		321 948-8555	
Name of Person			: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addres	_	Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD CC LLC

2023 JUL 10 AM 8: 36

If Changing Registered Agent, Signature of New Registered Agent

(A Florida Limited	Liability Company)	<u>ri)</u>
The Articles of Organization for this Limited Liability Company		
Florida document number L22000177138		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "fL.C."
Enter new principal offices address, if applicable:	6106 BRESLAY DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE, FL 32940	
		
Enter new mailing address, if applicable:		·····
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new register
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	, Flo	rida
	City , Flo	
New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:	City , Flo	rida

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
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			Remove
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			□Change
			□Add
			□ Remove
			□Change

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Note: If the date inse	ther than the date of filing:
	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	only of officer of the form an effective time, at 12.01 a.m. on the earner of, (b) The 70th day after the
ord is filed.	2023
ord is filed.	
ord is filed.	2023

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