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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			e de la constant	14,+	
cup iez	BREVARD	CC2 LLC	•	• ,	, · · · ·	
SUBJEC	JI:	Name of Lin	nited Liability Company		_	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		VENKAT PUSKUR				
			Name of Person			
		BREVARD CC2 LLC				
			Firm/Company			
		2348 CITADEL WAY, SI	UITE 103			
			Address			
		MELBOURNE, FL 32940)		1023 S SECI	
			City/State and Zip Code	-	SEP 22 NETAS	
		VENP@OUTLOOK.COM			ARY NHA	
For furth	ner information c	e-mail address: oncerning this matter, please o	(to be used for future annual repor call:	t notification)	22 FM 8 22 FM 8 ANY OF S ANY SEEF	
VENKA	T PUSKUR		321 948855: at ()	5	8: 59 8: 59 EF, FL	
	Name o	f Person		aytime Telephone Numi	ber	
Enclosed	l is a check for th	ne following amount:				
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Mailing Addres Registration 5	Section	Street Addres Registration	Section		
	Division of C P.O. Box 632			Corporations of Tallahassee		
	Tallahassee, l			onroe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREVARD CC2 LLC					_
(Name of the Limited Liab (A Flor	bility Compan rida Limited Li	y as it now appears ability Company)	on our records.)		-
he Articles of Organization for this Limited Liability	y Company v	were filed on 06/1	4/2022	and a	ssigned
lorida document number L22000270680	•				
his amendment is submitted to amend the following:	:				
. If amending name, enter the new name of the li	imited liabil	ity company her	<u>e</u> :		
he new name must be distinguishable and contain the words "L	indend timbili	. Comman "the dea	imation "I I C" and	a abbassistian	4
<u>-</u>	Titilica Fisoili	2348 CITADEL V		ic audicviation	L.L.C.
nter new principal offices address, if applicable:				<u> </u>	
Principal office address MUST BE A STREET AD	DRESS)	MELBOURNE, F	1. 32940	SE SE	h K
				P 22	- temple
nter new mailing address, if applicable:		2348 CITADEL V	WAY, SUITE 103	ASSET TO SEE	
Mailing address MAY BE A POST OFFICE BOX)		MELBOURNE, F	FL 32940		<u> </u>
	•		-	产品 1	٥
. If amending the registered agent and/or registe gent and/or the new registered office address here Name of New Registered Agent:		ddress on our rec	cords, <u>enter the r</u>	name of the r	iew regis
27.4	IS CITADEI	WAY, SUITE 103		,	
New Registered Office Address: 234			la street address		
МЕ	LBOURNE		, Florida	32940	
 -		City	, F 101 tuz	Zip Cox	le

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
MGR	BANGALORE UMAPATHI, HEM	1185 TALON WAY, MELBOURNE, FL 32934	□Add
			■ Remove
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fective date, if other than the date in effective date is listed, the date must be spote: If the date inserted in this block dument's effective date on the Department.	pecific and cannot be ploes not meet the ap	plicable statutory fi	more than 90 days aft		
ecord specifies a delayed effective date is filed.	e, but not an effecti	ve time, at 12:01 a.r	n, on the earlier of:	(b) The 90	th day after th
09/18/2023					
ted	1. Venha	<u>+</u>			
	1	authorized representat			

Filing Fee: \$25.00