L23000 185910

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Centificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | i |
| | | |
| | | |

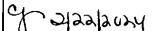
Office Use Only



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52/87/24--91819-7009 **25.00

2024 FFD -7 FN 7: 22



COVER LETTER

TO: Registration Section

| Division of Cor | rporations | | |
|------------------------------|--|---|---|
| . Brevard Cl | leaning LLC | | |
| SUBJECT: | Name of Lin | nited 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: | |
| | | | |
| | Rasheem Edward | | |
| | | Name of Person | |
| | Zenbusiness Inc. | | |
| | - | Firm/Company | |
| | 336 E. College Ave Suite | 301 | |
| | | Address | |
| | Tallahassee, FL 32301 | | |
| | | City/State and Zip Code | |
| | fulfillment@zenbusiness.co | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information of | concerning this matter, please c | all: | |
| Zenbusiness Inc c/o Ras | heem Edward | 844 4936249 | |
| Name o | of Person | at () Area Code Daytin | ne Telephone Number |
| | | | |
| Enclosed is a check for the | 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 | ss: | Street Address: | |
| Registration ? | Section | Registration Se | |
| Division of C | | Division of Co | |
| P.O. Box 632 Tallahassee. | | The Centre of 2415 N. Monre | Fallahassee oe Street Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brevard Cleaning LLC

2024 FFB -7 7/1 7: 22

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (2) (10) | orida iziinileu izia | onny Company | 1 | |
|--|--|-----------------------|----------------------------------|--|
| The Articles of Organization for this Limited Liability Florida document number <u>L23000185910</u> | | ere filed on <u>2</u> | 2023-04-14 | and assigned |
| This amendment is submitted to amend the following: |):): | | | |
| A. If amending name, enter the new name of the li | <u>limited liabili</u> | ty company l | here: | |
| The new name must be distinguishable and contain the words "I | Limited Liability | Company," the | designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | | |
| | | | | |
| | • | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | , | | | <u></u> |
| Training man cas 3711 DE 11 OUT OF THE BOX | 2 | | | |
| B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: | | dress on our | records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent. | | | | |
| New Registered Office Address: | | Correct C | orida street addres | |
| | | | | |
| | | Cin | , Flo | o rida Zip Code |
| Non-Durintaged Land Committee of the Com | | C IŅ. | | z.tp Со а е |
| New Registered Agent's Signature, if changing Registe | | | | |
| I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | d complete po d agent as pro tered office ac | rformance o | of my duties, ar Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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 | Scott Michael Yankton | | □Add |
| | | 419 Montecito Drive Satellite Beach, FL 32937 | ≡ Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
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| | | | □Change |

| 2. Effective date, if other than the date of filing: |
|---|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| document's effective date on the Department of State's records. |
| |
| f 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 ecord is filed. |
| Dated |
| /s/Monica A Yankton |
| Signature of a member or authorized representative of a member |
| Monica A Yankton |
| Typed or printed name of signee |