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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: B Brevard Business Alliance, Inc.				
DOCUMENT NUMBER: N2400007316				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Amanda Troutman				
(Name of Contact Person)				
(Firm/ Company)				
1705 Barna Ave (Address)				
Titusville, FL 32780 (City/ State and Zip Code)				
info@brevardbusinessalliance.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amanda Troutman at 321 506.64 (Name of Contact Person) (Area Code) (Daytime T	(197) (elephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)				
Mailing Address Amendment Section Street Address Amendment Section				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
(Document i	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration: NA	
name must be distinguishable and contain the word "con	rporation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.		- 1 Fig.
B. Enter new principal office address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	-
		195. CS
		<u>(6)</u>
C. Enter new mailing address, if applicable: NA		ENG OF
(Mailing address MAY BE A POST OFFICE BOX))	<u> </u>
		i iii a
D. If amending the registered agent and/or registered	d office address in Florida	enter the name of the
new registered agent and/or the new registered of	fice address: NA	
Name of New Registered Agent:		
 -	<i>(F.</i>	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Regist	ered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>_P</u>	Matt Agnini	2605 Columbia Blva #1206
Remove 2) Change Add	<u>P</u>	Todd Agnini	Titusville,FL 32780 2605 Columbia Blyd #1201 Titusville,FL 32780
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: NA (Be specific)	
•			

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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)

Amanda Troutman

(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.