

L16000 191640

JACK BERHA

(Requestor's Name)

7355 Pinemount dr

(Address)

Orlando, (407-4629293)

(Address)

Florida 32819

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

Bejade Consulting LLC

(Business Entity Name)

L16000 191640

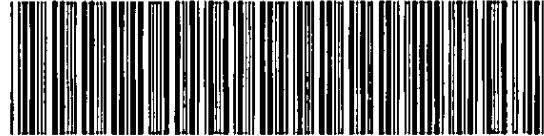
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

adding MGR

Office Use Only



000368908040

07/22/21--01013--025 **25.00

FILED
2021 SEP 13 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend.
09/24/21
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 13 PM 12:40

August 6, 2021

JACK BERAHA
7355 PINEMOUNT DR
ORLANDO, FL 32819 US

SUBJECT: BEJADE CONSULTING LLC
Ref. Number: L16000191640

We have received your document for BEJADE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE NOT MAILED IN A COMPLETED FORM PLEASE RETURN THE DOCUMENT IN ITS ENTIRETY FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

SHAMIYA M HARRIS
Regulatory Specialist II

Letter Number: 121A00018697

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bejade Consulting LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Beraha

Name of Person

Bejade Consulting LLC

Firm/Company

7355 Pinemount dr,

Address

Orlando, Florida, 32819

City/State and Zip Code

jackberaha@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Beraha

407 462 9293
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member


AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If 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 record is filed.


Signature of a member or authorized representative of a member

JACK BERA III
Typed or printed name of signee