L16000 19164C

JACK BERRHA (Requestor's Name)
7355 Pincmount & (Address)
Ol Lando, (407-46292 (Address)
Florida 32819 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Bejade Consulting LLC (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: adding NGR
Office Use Only

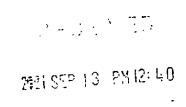


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SECRETARY OF STAIL

LLC Almend. 09/24/21



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 ITSENTIRETY 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.

Letter Number: 121A00018697

SHAMIYA M HARRIS Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Cor			
	sulting LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	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		
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report no all:	uncanon)
Jack Beraha		407 462 9293	
Name o	of Person		ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bejade Consulting LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 10/17/2016	and assigned
Florida document number L16000191640		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	- FE
(Principal office address MUST BE A STREET ADDRESS)		F1 -
		$\frac{0.5}{0.5}$ ω
		M D
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	er the name of the new registere
agent and of the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, i	Florida
	City	Zip Code

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	Denise Rotondo de Almeida	7355 Pinemount dr, Orlando, Fl, 32819	🗒 Add
			□Remove
			[] Change
			□Add
			□ Remove
			Change
			□Add
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			Change
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Effect	ive date, if other than the date of filing:
Note:	fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	nent's effective date on the Department of State's records.
e recor rd is fi	d 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
1U 15 11	icu.
D-4- J	07/20/2021
Dated	
	Jacob
	Signature of a member or authorized representative of a member