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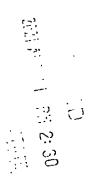
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	A & J BEE	PAT, LLC		
WOOD C	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		NIRVANA NARAIN-BE	EPAT	
			Name of Person	
		A & J BEEPAT, LLC		
			Firm/Company	
		4701 BRIXTON CT		
			Address	
		LEHIGH ACRES FL 3397	73	
		beepat@comcast.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	reation)
For furtl	her information c	oncerning this matter, please c	all:	
NIRVA	NA NARAIN-B	EEPAT	239 297-3378	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & J BEEPAT, LLC		
(Name of the Limited	Liability Company as It now appears on our records. V Florida Limited Liability Company))
The Articles of Organization for this Limited Lia		and assigned
Florida document number L17000070391	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or request and/or the new registered office address		he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Flor	rida Zin 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>	<u>Address</u>	Type of Action
Assistant	Aaron Beepat	4701 Brixton Ct. Lehigh Acres, FL 33973	≣ Add
			🗆 Remove
			□ Change
			🗆 Add
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<u></u>		
Effective date if other than t	he date of filing:	(optional)
f an effective date is listed, the date n	must be specific and cannot be prior to date o	(optional) f filing or more than 90 days after filing.) Pursuant to 60
Note: If the date inserted in this document's effective date on the		tutory filing requirements, this date will not be lis
	•	
record specifies a delayed effec	tive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th day aft
rd is filed.	•	
		r)
Dated August 1	2021	
		•
	1	
	Synatche of a member or authorized repart Ayped or printed name.	or signee