

L170000070391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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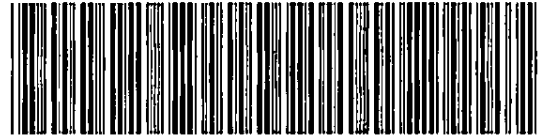
(Business Entity Name)

(Document Number)

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[Signature]

2021 Aug 11 PM 2:50  
[Stamp]

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A & J BEEPAT, 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:

NIRVANA NARAIN-BEEPAT

\_\_\_\_\_  
Name of Person

A & J BEEPAT, LLC

\_\_\_\_\_  
Firm/Company

4701 BRIXTON CT

\_\_\_\_\_  
Address

LEHIGH ACRES FL 33973

\_\_\_\_\_  
City/State and Zip Code

beepat@comcast.net

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

For further information concerning this matter, please call:

NIRVANA NARAIN-BEEPAT

239 297-3378  
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**

[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.

Dated August 1, 2021

  
Signature of a member or authorized representative of a member

Vijay Beepat  
Typed or printed name of signer

**Filing Fee: \$25.00**