

L19000100786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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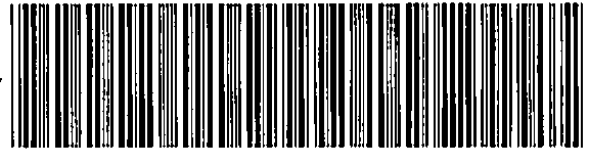
(Business Entity Name)

(Document Number)

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FILED  
2020 JUL 22 AM 7:07

AUG 06 2020  
S. YOUNG

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEACON RESTAURANT GROUP 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:

VIKAS BANSAL  
Name of Person

BEACON RESTAURANT GROUP LLC.  
Firm/Company

2735 SHAUGHNESSY DR  
Address

WELLINGTON, FL 33414  
City/State and Zip Code

BEACONRESTAURANTGROUP@OUTLOOK.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIKAS BANSAL at ( 347 ) 986-0636  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

BEACON RESTAURANT GROUP LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JUN 22 AM 7:07

FILED

The Articles of Organization for this Limited Liability Company were filed on 04/11/2019 and as Florida document number L19000100786.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 Changing Registered Agent, Signature of New Registered Agent**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                    | <u>Type of</u>                          |
|--------------|----------------------|-----------------------------------|---|
| <u>MGR</u>   | <u>EARL SARVER</u>   | <u>10479 SOUTHERN BLVD</u>        | <input type="checkbox"/> Adc            |
|              |                      | <u>ROYAL PALM BEACH, FL 33411</u> | <input checked="" type="checkbox"/> Ren |
|              |                      |                                   | <input type="checkbox"/> Cha            |
| <u>MBR</u>   | <u>ANIMESH KUMAR</u> | <u>3000 BELLA CT</u>              | <input type="checkbox"/> Adc            |
|              |                      | <u>LITTLE, IL 60532</u>           | <input checked="" type="checkbox"/> Ren |
|              |                      |                                   | <input type="checkbox"/> Cha            |
| <u>MBR</u>   | <u>ENU SHILPI</u>    | <u>2735 SHAUGHNESSY DR</u>        | <input checked="" type="checkbox"/> Adc |
|              |                      | <u>WELLINGTON, FL 33414</u>       | <input type="checkbox"/> Ren            |
|              |                      |                                   | <input type="checkbox"/> Cha            |
|              |                      |                                   | <input type="checkbox"/> Adc            |
|              |                      |                                   | <input type="checkbox"/> Ren            |
|              |                      |                                   | <input type="checkbox"/> Cha            |
|              |                      |                                   | <input type="checkbox"/> Adc            |
|              |                      |                                   | <input type="checkbox"/> Ren            |
|              |                      |                                   | <input type="checkbox"/> Cha            |
|              |                      |                                   | <input type="checkbox"/> Adc            |
|              |                      |                                   | <input type="checkbox"/> Ren            |

[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 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated JUNE 18<sup>th</sup>, 2020

VIKAS BANSAI  
Typed or printed name of signee