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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

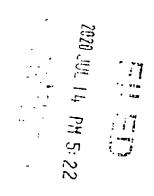
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COVER LETTER

TO: Registration Division of C				
SUBJECT: KRISHN	SAN HOLDINGS LP			
No.	ime of Florida Limited Par	tnership or Limited Lic	ability Limited Partnership)
The enclosed Certifi	cate of Amendment a	nd fee(s) are submi	tted for filing.	
Please return all cor	respondence concerni	ng this matter to:		
Daniel D. Whitehouse.	Esq.			
	Contact Person			
Whitehouse & Cooper,	PLLC			
	Firm/Company			
201 E. Pine Street, Suite	205			
	Address			
Orlando, FL 32801				
(City, State and Zip Code			
vkrishnan@integrass.c	om			
E-mail address: (to	be used for future annual	report notification)		
For further informat	ion concerning this m	atter, please call:		
Daniel D. Whitehouse.	Esq.	at (³²¹)	285-2300	
Name of Conta	act Person		Daytime Telephone Num	her
Enclosed is a check	for the following amo	unt:		
S52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing F and Certified Copy		id
Mailing Address:		Street A		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF



Insert name currently on file with Florida Department of State

		·
Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose cert 01/04/2016, assigned F	ificate was filed	with the Florida Department of State on
adopts the following certificate of amendment	to its certificate	of limited partnership.
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the here:	e limited partner	ship or limited liability limited partnership
New name must be distingu	nishable and contair	un acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe		
B. If amending mailing address and/or principal office address here:	icipal office add	ress, enter new mailing address and/or
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or regist registered agent and/or the new registered office		ess on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Fotos	· Florida street address
	Linei	
	City	Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
GP	Vijayaraghavan Krishnan	1805 Oakbrook Drive Longwood, FL 32779	
			□ Add □ Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other inform	ation, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
		·
Effective date, if other than the date (Effective date cannot be prior to nor more) State.)	of filing: <u></u> than 90 days after	the date this document is filed by the Florida Department of
		cable statutory filing requirements, this date will not of State's records.
Signature(s) of a general partner o	r all general p	artners*:
	ship" election state	n this document unless the limited partnership is adding or ement. Chapter 620, F.S., requires all general partners to sign hip" election statement.)
DocuSigned by:		
Arathi Rajagopalan		
		
Signature(s) of all new or dissociat	ing general pa	artner(s), if any:
DocuSigned by:		
7574C83F74S840F		-
		 -
		
Filing Fee: S	52.50	
Certified Copy (optional): S	\$2.50 \$8.75	