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MAY 22 2021 IALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJE	CT. KRISHN	NAN HOLDINGS LP			
001001		nme of Florida Limited Pa	rtnership or Lim	ited Liabilit	ty Limited Partnership
The en	closed Certifi	cate of Amendment a	ind fee(s) are	submitted	for filing.
Please	return all cor	respondence concerni	ng this matter	to:	
Daniel I	D. Whitehouse,	Esq.			
		Contact Person		<del></del> -	
Whiteho	use & Cooper,	PLLC			
		Firm/Company	<u>-</u>		
201 E. F	ine Street, Suite	205			
		Address			
Orlando	, FL 32801				
		Lity, State and Zip Code			
vkrishn	an@integrass.co	om			
lE-n	nail address: (to	be used for future annual	report notificati	on)	
For fur	her informati	ion concerning this m	atter, please c	all:	
Daniel D. Whitehouse, Esq.		at (	\ 285-i	2300	
Name of Contact Person			de and Dayı	time Telephone Number	
Enclose	d is a check	for the following amo	unt:		
■ \$52.50 Filing Fee □\$61.25 Filing Fee and Certificate of Status		□\$105.00 Filing Fee and Certified Copy		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div The 241	e Centre o 5 N. Mor		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP



	KR	ISH	NA	N	HOL	DINGS	ŧ	D
--	----	-----	----	---	-----	-------	---	---

Insert name currently o	n file with Florida Dep	artment of State
Pursuant to the provisions of section 620.1202 limited liability limited partnership, whose cer 01/04/2016 adopts the following certificate of amendment	tificate was filed w Florida document r	ith the Florida Department of State on number A16000000005
This amendment is submitted to amend the followir	ng:	
A. If amending name, enter the new name of the here:	ne limited partnersh	ip or limited liability limited partnership
New name must be disting	uishable and contain ar	acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partne Acceptable Limited Liability Limited Partnership suffixe	ership, Limited, L.P., L es: Limited Liability Li	P. or Ltd. mited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	ncipal office addre	ss, enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		<del></del>
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	tered office address of address here:	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
<del></del>	City	, Florida Zip Code
	Cuy.	гір Соае

## 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
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
GP	ARATHI RAJAGOPALAN	1805 Oakbrook Drive Longwood, FL 32779	□ Add ■ Remove
GP	KF Management Services, LLC	1805 Oakbrook Drive Longwood, FL 32779	_ ■ Add _ □ Remove
<del></del>			_
			_ □ Add □ Remove
<del></del>			_

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

0	This Limited Partnership	hereby elects to be a	"Limited Liability	Limited Partnership."
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☐ 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 information	, enter change(	s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of fili (Effective date cannot be prior to nor more than 90		ate this document is filed by the Florida Department of
State.)		
<b>Note:</b> If the date inserted in this block does not me be listed as the document's effective date on the D	er the applicable epartment of Stat	e's records.
Signature(s) of a general partner or all	general partn	ers*:
(*NOTE: Only one current general partner is requeremoving a "limited liability limited partnership" e when adding or removing a "limited liability limited".	election statement	document unless the limited partnership is adding or t. Chapter 620, F.S., requires all general partners to signection statement.)
— DocuSigned by:		,
Arather Pajagopalan		
	_	
	-	
	_	
	-	
Signature(s) of all new or dissociating ge	eneral partne	r(s), if any:
DocuSigned by:		DocuSigned by:
Arathi Pajagopaha		Vyay kristman
Individually	=	
Docusigned by:	-	
Arather Pajagopalas	_	
As Manager of KF Management Services	, LLC	
	-	
Filling Equ.		
Filing Fee: \$52.50 Certified Copy (optional): \$52.50		
Certificate of Status (optional): \$8.75		