## 13000021010

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

TO: Registration Se Division of Cor				
CARLES RESIDEN	Group, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
Trease return un correspo	Julia Demerau	to the following.		
		Name of Person		
	Katmandu Group, LLC			
		Firm/Company		
	1500 Center Park Drive			*53
		Address		. 23
	Orlando, FL 32835			
		City/State and Zip Code		, un
	julia.demerau@gmail.com	to be used for future annual report notil		·. 77
For further information co	oncerning this matter, please e		ncation)	., E
Nathan Markey		804 317-1780		ζ.
Name of	Person		: Telephone Number	<del></del>
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations ax 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ceru Tallahassee, FL 323	n ations nter Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Katmandu Group, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{\text{L}13000021010}{\text{L}13000021010}$ .	were filed on November 29, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1500 Center Park Drive	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835	F., 3 
		1
Enter new mailing address, if applicable:	1500 Center Park Drive	7 1
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32835	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter</u>	the name of the ne
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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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cument's effective date on the D			junements, ims c	and will not be its	ica a
record specifies a delayed		ot an effective time	, at 12:01 a.	m. on the earl	ier o
The 90th day after the rec	ord is filed.				
November 29 ted	2018				
ted	<del></del> ·	·			
(TABL)	Signature of a member or auth				
	· /				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00