## 130016657

(Re	equestor's Name)					
(Address)						
(Ac	idress)					
(Ci	ty/State/Zip/Phone	<del>:</del> #)				
PICK-UP	☐ WAIT	MAIL				
(Bı	usiness Entity Nam	ne)				
(Do	ocument Number)	<u>.</u>				
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		
CUD IE		ASSOCIATES, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	-
		Amendment and fee(s) are sub		
		ROHIT SINGH		
			Name of Person	2011 APR
		KRISHNA ASSOCIATES	·	
			Firm/Company	PR 23 F
		4355 Edgewater Drive		
			Address	
		Orlando, FL 32804	Maria and Maria and Artificial Control	
		RENU@YASHCON.COM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_
			to be used for future annual report includation)	-
For furt	her information o	oncerning this matter, please ca	all:	
RENU	VARDHAN		407 636-3555 at ( )	
	Name o	of Person	Area Code Daytime Telephone Num	ber
Enclose	ed is a check for t	he following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUNTER ADDRESS Registration Section: Division of Corporations	:

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661, Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRISHNA ASSOCIATES, LLC			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.) 1y)	
The Articles of Organization for this Limited L	iability Company were filed on	JAN 1 2014 and assigned	ed
This amendment is submitted to amend the foll	owing:	1.A	
A. If amending name, enter the new name of	of the limited liability company	<u>y hero</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)	22 22	
			77
Enter new mailing address, if applicable:		23 86ED	1
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of	the
Name of New Registered Agent:	ROHIT SINGH		
New Registered Office Address:	4355 Edgewater Drive		
1.5W Registered Office Francisco.	Enter	Florida street address	
	Orlando	, Florida <u>32804</u>	
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SINGH, ROHIT	4355 EDGEWATER DR	
		ORLANDO, FL 32804	■ Remove
			Change
			□ Add
			Remove
			Change
			Add  Remove  Acchange
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(If an effective Note: If the	ate, if other the date is listed, the date inserted in effective date of	date must be spon n this block do	ecific and c ses not me	cannot be p eet the ap	plicable st	of filing or atutory fi	r more than ling requir	90 days after	<b>onal)</b> - filing.) Pursi s date will n	uant to 60, ot be list	5,0207 (3 ted as th
the record The 90th	specifies a c h day after t	lelayed effe he record is	ctive da s filed.	ate, but	not an	effective	e time, a	t 12:01 a	a.m. on th	ne earli	er of:
Dated		3/3	<u>;                                    </u>	201	18.						
		Signat	ure of a me	ember or g	nuthorized r	epresentati	IShno ive of a mer	De .	JI.		
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Filing Fee: \$25.00