

L14000018938

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PADMAVATHI 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:

TAE SHIN

Name of Person

SHIN LAW FIRM, P.A.

Firm/Company

200 S. ORANGE AVE., SUITE 1450

Address

ORLANDO, FL 32801

City/State and Zip Code

tshin@shinlawgp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAE SHIN

at (407) 730-7814

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PADMAVATHI GROUP, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on **February 4, 2014** and assigned Florida document number **L14000018938**.

This amendment is submitted to amend the following:

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

KSKP HOLDINGS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

NAGESH SHAKHAMOORI

New Registered Office Address:

13521 Bellaria Cir

Enter Florida street address

Windermere

City

Florida 34786

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.

S. Nagesh

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sowjanya Shakhamoori	13521 Bellaria Cir	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Windermere, FL 34786	
MGR	Siva Kondapalli	1433 Caring Ct	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Maitland, FL 32751	
MGR	Ajay Kolla	13461 Bellaria Cir	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Windermere, FL 34786	
MGR	Syam Pinnamaneni	5454 Sandy Ridge Ct	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Sanford, FL 32771	
MGR	Nagesh Shakhamoori	13521 Bellaria Cir	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Windermere, FL 34786	

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 25, 2015

S. Nagesh
Signature of a member or authorized representative of a member
NAGESH SHAKHAMOORI
Typed or printed name of signer

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TALLAHASSEE, FLORIDA