L18000156521

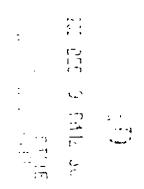
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A. BUTLER
DEC 2 U 2021

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

KAEXPER SUBJECT:	TILLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shivon Patel, Esq.		
		Name of Person	
	The Prinicpal Law Firm, P	.L	
		Firm/Company	
	4901 International Parkway	y, Suite 1021	
		Address	
	Sanford, Florida 32771		
		City/State and Zip Code	
	shivon@principallaw.net		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Shivon Patel		407 322-3003	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KAEXPERT LLC

202 BEC - 9 PAIL- 3

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our	records.)	<u>₹771</u> E
(A Florida Linnied L	Liability Company)	1, . 1. h	E.FL
The Articles of Organization for this Limited Liability Company	were filed on June 26, 20	18	
Florida document number L18000156521			
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	n "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	101 North County Club	Road, Suite 108	
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary, Florida 3274	46	
(Trincipal office address MOST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 		
D If any addition the angle of the second and the s			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	idaress on our records,	enter the name of	tne new registered
Name of New Registered Agent:			
	-		
New Registered Office Address:	Enter Florida street	address	
	City	Florida	lip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as p	provided for in Chapter	605, F.S. Or, if th	iis document is
being filed to merely reflect a change in the registered office	address, I hereby confi	rm that the limited	d liability
company has been notified in writing of this change.			
company has oven nonjieu in writing of this entange.	, ,		
company has occur nonjica 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
AMBR	Alpesh Makwana	101 North country club road, Suite 108	🗆 🗆 Add
		Lake Mary, Florida 32746	□Remove
			Change
AMBR	Suresh babu Ramachandran	101 North country club road, Suite 108	□Add
		Lake Mary, Florida 32746	≣Remove
			Change
			□ Add
			□Remove
			Change
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ffective date, if other than an effective date is listed, the date of the inserted in this ocument's effective date on the	must be specific and o s block does not mi	cannot be prior to eet the applicab			iling.) Pursuant to 605,0207
record specifies a delayed effe Lis filed.	ctive date, but not a	an effective tim	ie, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ated	,	2021	_ •		
Hansa	ma.				
<u> </u>	Signature of a m	ember or author	ized representative	of a member	
· ·	-				

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Filing Fee: \$25.00