

**L19000 288 318**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

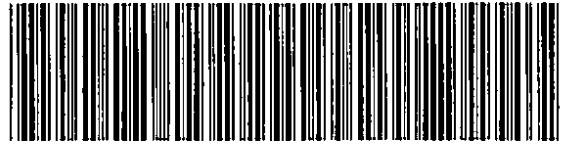
(Business Entity Name)

(Document Number)

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**MAR 09 2020**

**FILED**  
2020 APR -2 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

MAR -3 2020

C Kinsey



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 / 03 / 17  
11:17

March 25, 2020

REBECCA L WILLIAMS  
1650 SAND LAKE RD STE 115  
ORLANDO, FL 32809

SUBJECT: KATHI ROLLS LLC  
Ref. Number: L19000288318

We have received your document for KATHI ROLLS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 320A00006551

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KATHI ROLLS, 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:

REBECCA L. WILLIAMS, E.A.  
Name of Person  
BEE SQUARE TAX CONSULTATION AND SERVICE INC  
Firm/Company  
1650 SAND LAKE RD STE 115  
Address  
ORLANDO, FL 32809  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA L. WILLIAMS, E.A. 407 851-4037  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                |                                                                                            |                                                                                                                   |
|---------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327-2  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

KATHI ROLLS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/14/19 and assigned  
Florida document number L19000288318.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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: REBECCA L. WILLIAMS, E. A.

New Registered Office Address: 1650 SAND LAKE RD. SUITE 115  
*Enter Florida street address*

ORLANDO, Florida 32809  
*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>            | <u>Address</u>     | <u>Type of Action</u>                      |
|--------------|------------------------|--------------------|--------------------------------------------|
| AMBR         | SHANTANU SEN           | 6536 EDGEWORTH DR  | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL. 32819 | <input checked="" type="checkbox"/> Remove |
|              |                        |                    | <input type="checkbox"/> Change            |
| AMBR         | SIDDHARTHA CHANDRA     | 5912 TARAWOOD DR   | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL. 32819 | <input checked="" type="checkbox"/> Remove |
|              |                        |                    | <input type="checkbox"/> Change            |
| AMBR         | SHOBANA SEN            | 6536 EDGEWORTH DR  | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL. 32819 | <input checked="" type="checkbox"/> Remove |
|              |                        |                    | <input type="checkbox"/> Change            |
| AMBR         | PRIYANKA CHANDRA       | 5912 TARAWOOD DR   | <input type="checkbox"/> Add               |
|              |                        | ORLANDO, FL. 32819 | <input checked="" type="checkbox"/> Remove |
|              |                        |                    | <input type="checkbox"/> Change            |
| AMBR         | LIBERTY CONSULTING LLC | 5912 TARAWOOD DR.  | <input checked="" type="checkbox"/> Add    |
|              |                        | ORLANDO, FL. 32819 | <input type="checkbox"/> Remove            |
|              |                        |                    | <input type="checkbox"/> Change            |
|              |                        |                    | <input type="checkbox"/> Add               |
|              |                        |                    | <input type="checkbox"/> Remove            |
|              |                        |                    | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated MARCH 3 2020

1. Ben

SUSHANT SEN

**Filing Fee: \$25.00**