L24000500804

| (Requ | estor's Name) | <u>-</u> . |
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| (Addre | ess) | |
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| (City/S | State/Zip/Phon | e #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | MAIL | |
| (Buşir | ness Entity Na | me) |
| (Docu | ment Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ing Officer: | |
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Office Use Only



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2024 DEC 30 PM 2: 34

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICK UP: | BROOK 12/30 |
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| | CERTIFIED COPY | |
| XX | РНОТОСОРУ | |
| | CUS | |
| XX | FILING | LLC AMEND |
| 1. | K.S. GROUP USA LLC (CORPORATE NAME AND DOCUMEN | |
| 2. | | |
| | (CORPORATE NAME AND DOCUMEN | ŸΤ´#) |
| 3. | AND | WP. o |
| | (CORPORATE NAME AND DOCUMEN | N 1 #) |
| 4. | (CORPORATE NAME AND DOCUMEN | ζΓ #) |
| 5. | | |
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| SPECIA | L INSTRUCTIONS: | |
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COVER LETTER

| TO: Registration So Division of Con | | | |
|--|--|---|--|
| | K. | S. GROUP USA LLC | |
| 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: | |
| | KISH | ORE BISWAS | |
| | | Name of Person | |
| | K.S. | GROUP USA LLC | |
| | | Firm/Company | |
| | 9039 SI | E 7TH AVE RD | |
| | | Address | |
| | | OCALA FL 34480 | |
| | | City/State and Zip Code | _ |
| | | kishore_somc98@yah | |
| P. Combania Commedian | | to be used for future annual report | (notification) |
| | concerning this matter, please c | air. | |
| MOMIN DO | | at () | 999-3113 |
| Name o | of Person | Area Code Da | aytime Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □X \$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) |
| <u>Mailing Addre</u> Registration | Section | <u>Street Addres</u> Registration | Section |
| Division of C P.O. Box 632 | - | | Corporations of Tallahassee |
| Tallahassee. | | | onroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 DEC 30 PM 2: 34 K.S. GROUP USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/05/2024 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L24000500804 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) 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: New Registered Office Address: Enter Florida street address

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.

City

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 |
|--------------|----------------|--------------------|----------------|
| MGR | KISHORE BISWAS | 9039 SE 7TH AVE RD | □ Add |
| | | OCALA FL 34480 | □Remove |
| | | | ⊠Change |
| | <u> </u> | | □Add |
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