

L070000042692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

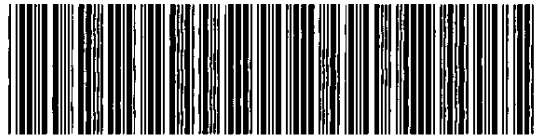
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FILED
2010 MAY -3 AM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADLER & ANDRE ENTERPRISES, 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:

ADLER AUGUSTE

Name of Person

KS EXPRESS LLC

Firm/Company

13217 NW 7TH AVE

Address

MIAMI, FL 33168

City/State and Zip Code

mljp@bellsouth.net

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

For further information concerning this matter, please call:

ADLER AUGUSTE

Name of Person

at (305)

508-0868

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2009

ADLER AUGUSTE
KS EXPRESS LLC
120 NW 123RD ST.
MIAMI, FL 33168

SUBJECT: ADLER & ANDRE ENTERPRISES, LLC
Ref. Number: L07000042692

We have received your document for ADLER & ANDRE ENTERPRISES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00025654

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADLER & ANDRE ENTERPRISES, LLC

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

FILED
2010 MAY -3 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4-23-07 and assigned
Florida document number L07000042692.

This amendment is submitted to amend the following:

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

KS EXPRESS LLC

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

Enter new principal offices address, if applicable:

14015 NW 19 AVE.

(Principal office address MUST BE A STREET ADDRESS)

OPALOCKA, FL. 33054

Enter new mailing address, if applicable:

120 NW 123RD

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL. 33168

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:

HISLAINE JEAN-PIERRE

New Registered Office Address:

14015 NW 19 AVE.

Enter Florida street address

OPALOCKA

, Florida

33054

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 608, 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.

Hislaine Jean-Pierre
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MADELINE AUGUSTE	14015 NW 19 AVE. OPA LOCKA, FL. 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	HISLAINE JEAN-PIERRE	14015 NW 19 AVE. OPA LOCKA, FL. 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ADLER AUGUSTE	14015 NW 19 AVE. OPA LOCKA, FL. 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	DIEFF AUGUSTE	211 NW 99 STREET MIAMI, FL. 33168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Hislaine Jean-Pierre
Signature of a member or authorized representative of a member

HISLAINE JEAN-PIERRE

Typed or printed name of signee

FILED
2010 MAY -3 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA