## LII000060049

(Re	questor's Name)	
(Ado	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	Office Use On	lv



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· · · · · · · · · · · · · · · · · · ·	C	COVER LETTER
TO: Registration Division of C		anti Second Second
SUBJECT:	KIDXF	PRESS LLC
	Name of Limit	ed Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.
Please return all corres	pondence concerning this matter	to the following:
		EYAL ALAN KARP
		Name of Person
		KIDXPRESS LLC
		Firm/Company
	10	0795 NW 64 COURT
		Address
	P	ARKLAND FL 33076
	<u> </u>	City/State and Zip Code
	E-mail address: (to	@ACETOURSINC.COM o be used for future annual report notification)
For further information	n concerning this matter, please ca	all:
ALAN KARP		at ( <u>954</u> ) 303-8490
Nam	e 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 &\$60.00 Filing Fee,Certified CopyCertificate of Status &(additional copy is enclosed)Certified Copy(additional copy is enclosed)(additional copy is enclosed)
Regi Divi P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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			12 JUN 20 AI	Milleas
(Nome of the Limited L		SS LLC		111-12
( <u>Name of the Limited L</u> (A F	lorida Limited Li	y as it now appear ability Company)	S OF GUE FEED OF STALLAHASSEE, F	STATE
The Articles of Organization for this Limited Lial	bility Company	were filed on	MAY 20, 2011	and assigned
Florida document number L110000600	. 49			1
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company her	e.	
			<b>-</b> •	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	ny," the designation "L	LC" or the abbreviatior
Enter new principal offices address, if applicable:		10795 NW 64 COURT		
(Principal office address MUST BE A STREET	ADDRESS)	PARKLAND FLORIDA 33076		
		<b></b>		
Enter new mailing address, if applicable:		10795 NW 64 COURT		
(Mailing address MAY BE A POST OFFICE BOX)		PARKLAND FLORIDA 33076		
		. <u></u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered officered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent			ur records, <u>enter t</u>	<u>he name of the new</u>
registered agent and/or the new registered on	ce autress nere	•		
Name of New Registered Agent:		KARP		
Name of New Registered Agem.	EYAL ALAN KARP			
New Registered Office Address:	10795 NW 6			
	Enter Florida street address			
	P/		, Florida	33076
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered 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.

End and Ilan If Changing Registered Agent, Signature of New Registered Agent

<sup>27</sup> If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action			
VP	HASSAN A ZAIDI	1401 SE 15 STREET EORT LAUDERDALE FLORIDA 33316	_□ Add _√ Remove			
PRES	EYAL ALAN KARP	10795 NW 64 COURT PARKLAND FLORIDA 33076	Add Remove			
			_ Add _ Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(s	) here: (Attach additional sheets, if necessary.) $\overline{5}$	12 JU			
		AHASSEE, FLORIDA	FILED			
Dated	E. 1		-			
_		authorized representative of a member				
-		L ALAN KARP printed name of signee				
Page 2 of 2						

Filing Fee: \$25.00