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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

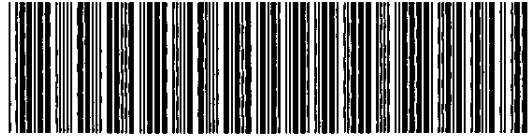
(Business Entity Name)

(Document Number)

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12 JUN 20 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Guffgen JUN 21 2012

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: KIDXPRESS 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:

EYAL ALAN KARP
Name of Person

KIDXPRESS LLC
Firm/Company

10795 NW 64 COURT
Address

PARKLAND FL 33076
City/State and Zip Code

ALAN@ACETOURLINC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN KARP at (**954**) **303-8490**
Name 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 & 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

KIDXPRESS LLC

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

(A Florida Limited Liability Company)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 20, 2011 and assigned Florida document number L11000060049.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

10795 NW 64 COURT

(Principal office address MUST BE A STREET ADDRESS)

PARKLAND FLORIDA 33076

Enter new mailing address, if applicable:

10795 NW 64 COURT

(Mailing address MAY BE A POST OFFICE BOX)

PARKLAND FLORIDA 33076

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:

EYAL ALAN KARP

New Registered Office Address:

10795 NW 64 COURT

Enter Florida street address

PARKLAND

Florida

33076

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.


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:

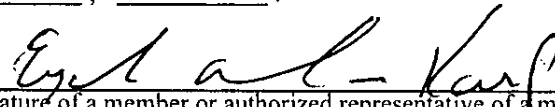
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>HASSAN A ZAIDI</u>	<u>1401 SE 15 STREET</u> <u>FORT LAUDERDALE FLORIDA 33316</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>EYAL ALAN KARP</u>	<u>10795 NW 64 COURT</u> <u>PARKLAND FLORIDA 33076</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 12 JUN 20 AM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____



 Signature of a member or authorized representative of a member
 EYAL ALAN KARP

 Typed or printed name of signee