P11000008419

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SECRETARY OF STATE

C. LEWIS AUG 2 2 2013 EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: KPKI'S KID	S LITTLE WOR	LD CORP
	BER: P1100000841		
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	tter to the following:	
	AINAT T FERNA	NDEZ	
		Name of Contact Person	•
	KPKI'S KIDS LIT	TLE WORLD CO	ORP
		Firm/ Company	
	929 FALLING WA	ATER ROAD	
		Address	
	WESTON, FL 33	326	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
		,	,
For further information	on concerning this matter, pleas	se call:	
AINAT T FE	RNANDEZ	at (954	, 670-4085
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.(nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

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KPKI'S KIDS LITTLE WORLD CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P11000008419	LONIVA
(Document Number of Corporation (i	if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	The
ome must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "ord "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N A
If amending the registered agent and/or registered office address registered agent and/or the new registered office address	ress in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address:	A , Florida
(City)	
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
hereby accept the appointment as registered agent. I am familiar y Signature of New Registered	with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X. Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
_X Add	<u>sv</u> <u>s</u> e	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>VP</u>	Francois Capecchi	929 FALLING WATER ROAD
Add			Weston, FL. 33326
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		N A	
Add			
Remove			\
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	onal Articles, enter change(s) here: essary). (Be specific)
rticle v vr- Cape	ecchi, Francois (delete)
	1 A
	N X
If an amendment provides for	r an exchange, reclassification, or cancellation of issued shares, the amendment if not contained in the amendment itself:
(if not applicable, indicate	
	Δ.
	DA
	WA
	DA
	W A
	DA

The date of each amendmen		Flagmer lips the
date this document was signed Effective date if applicable:	08/10/2013	F 13 AUG 19 AM 10: 47
	(no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	Αθιπου
	re adopted by the shareholders. The number of votes cast for the amendere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following and for each voting group entitled to vote separately on the amendment(
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	<i>U</i> / A	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareho	lder
Dated O8	115/2013) / () () () () () () () () ()	
(E	By a director, president or other difficer—if directors of officers have no elected, by an incorporator—if in the hands of a receiver, trustee, or other properties of the pro	
	AINAT T FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)