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H080002017303ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : FERNAND LAMOTHE, INC.
Account Number : 1050570C1570
Phone : (954) 636-3886
Fax Number : (877) 800-7133

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

R & D DISTRIBUTION LLC

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J. BRYAN

AUG 27 2008

EXAMINEE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R & D Distribution 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:

Fernand Lamothe
(Name of Person)

(Firm/Company)

6007 N. Golden Beauty LN.
(Address)

Tamarac, Florida, 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Fernand Lamothe at (954) 636-3886
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R & D Distribution LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/26/2000 and assigned
Florida document number L00000000992.

This amendment is submitted to amend the following:

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

POWER GROUP INVESTMENT 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:

(Principal office address MUST BE A STREET ADDRESS)

6007 N. GOLDEN BEAUTY LN.TAMARAC, FLORIDA33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6007 N. GOLDEN BEAUTY LN.TAMARAC, FLORIDA33321

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: _____

6007 N. GOLDEN BEAUTY LN.

(Enter Florida street address)

TAMARAC

(City)

Florida 33321

(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)

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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

Title	Name	Address	Type of Action
MGRM	DENECE DUBOIS LAMOTHE	12451 SW. 5 CT DAVIE, FLORIDA, 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FERNAND LAMOTHE	6007 N. GOLDEN BEAUTY LN. TAMARAC, FLORIDA 33321	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

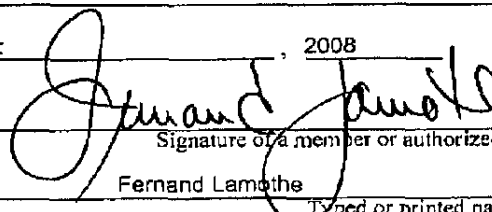
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The name and address of the member(s) of the company on January 1st, 2008 are;

Fernand Lamothe (100%)

6007 N. Golden Beauty LN., Tamarac, Florida, 33321

Dated January 1st, 2008



Signature of a member or authorized representative of a member

Fernand Lamothe

Typed or printed name of signee

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Filing Fee: \$25.00

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