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TRANSMITTAL LETTER

Division of Corporations
. SUBJECT: LITTLE POWS ART, L.L.C.
(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:
JUDIT AZNAR (Name of Person)
(Name of Person)
CITILE POWS ALT, C.L.C.
64.33 RUTKING TREE LN (Address) ORLANDO, FZ 32819 (City/State and Zip Code)
(Address)
ORLANDO, 12 32819
(City/State and Zip Code)
For further information concerning this matter, please call:
Jubii ADVIN at (407) 311-9091 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certificate of Status \$\Bi

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company) FIRST: The Articles of Organization were filed on 4/12/04 and assigned document number 1/040005/672. SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company: ADD following ASSOURS Director: Office Tive ANN Brian ASSOURCE DIRECTOR
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
ADD following PERSON TO OUR STAFF: ADD following PERSON DINOCTON OFFECTIVE
ANN Diagram
Inn & Diotely
TIMEDIATELY SELVELY SELVELY TALLABASE FLORIBA Dated 6/4/04
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00