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PICK-UP WAIT MAIL			
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2008

BRIDGET GAL L POWDER FX LLC 1924 POMEGRANATE CT. OCOEE, FL 34761

SUBJECT: POWDER FX, LLC Ref. Number: L08000053092

We have received your document for POWDER FX, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 308A00038706



COVER LETTER

TO: Registration Section				
Division of Corporations				
SUBJECT: POWDER FX 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:				
BRIDGET W. GALL (Name of Person) POWDER FX, LLC (Firm/Company) 1924 POMEGRANATE CT (Address) O COEE FL 34761 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Person) at (407) 574. 8824 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>LO800053092</u> .				
This amendment is submitted to amend the following:	08			
A. If amending name, enter the new name of the limited liabi				
The new name must be distinguishable and end with the words "Limit "L.L.C."				
Enter new principal offices address, if applicable:	120 W. CROWN POINT SED 3			
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN FL 34787			
Enter new mailing address, if applicable:	-SAME-			
(Mailing address MAY BE A POST OFFICE BOX)				
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:	UDGET W. GALL			
New Registered Office Address: 120 W	. CEOWN POINT RQ SUITE 105 (Enter Florida street address)			
WINTE	. CEOWN POINT RO SUITE 105 (Enter Florida street address) 2 GARDEN, Florida 347.87 (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)

Page 1 of 2

If ar anding 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

MGKM - M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRIDGET GALL	120 W CROWN POINT PQ STITE 105 WINTER CARDEN FL 34787	Add Remove
<u>MGRM</u>	DAUID GALL	120 W CROWN POINT PQ SUITE 105 WINTER GARDEN FL 3478	_□ Ádd _ Remove 7
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D. II amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	5 7
			MII: 09
Dated	O (Muxaxl) I Will	or authorized representative of a member	
. 1	Bridge Della	or printed name of signee	<u></u>
	\cup ()	Page 2 of 2	

Filing Fee: \$25.00