

LD800005549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

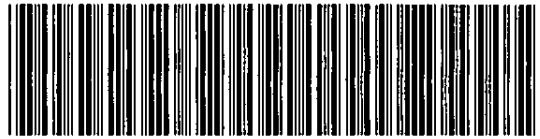
Special Instructions to Filing Officer:

L. SELLERS

OCT 23 2008

EXAMINER

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10/23/08--01022--002 **25.00

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08 OCT 23 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Power Studios Advertising & Design, 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:

Laura Rivera

(Name of Person)

(Firm/Company)

6995 NW 173 DR. #2103

(Address)

Hialeah, FL 33015

(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Rivera

(Name of Person)

at (305) 819.1009

(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**

Power Studios Advertising & Design, 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 6/4/08 and assigned
Florida document number L08000055549.

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:

7250 NW 41 Street, Suite A

(Principal office address MUST BE A STREET ADDRESS)

Doral, FL 33166

Enter new mailing address, if applicable:

6995 NW 173 DR. #2103

(Mailing address MAY BE A POST OFFICE BOX)

Hialeah, FL 33015

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:

7250 NW 41 Street, Suite A

(Enter Florida street address)

Doral

(City)

, Florida 33166

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SECRETARY OF STATE
FLORIDA

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>
CEO	Laura Rivera	6995 NW 173 DR. #2103 Hialeah, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CMO	Monica Morales	13569 SW 118th Path Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	Carlos G. Carus	24521 SW 217 Avenue Homestead, FL 33031	<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

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

On the member Laura Rivera the only change is my Title from Manager to CEO.

Dated _____, _____.

Laura Rivera

Signature of a member or authorized representative of a member

Laura Rivera

Typed or printed name of signer