L0800	00555549
(Requestor's Name) (Address)	600160797456
(Address) (City/State/Zip/Phone #)	
(Business Entity Name)	. 09/30/0901030003 **25.00
(Document Number)	
Certified Copies Certificates.of Status	 If a state for a
Special Instructions to Filing Officer:	DIVISION OF CORPORATION 09 SEP 30 AM II: 08
G. MCLEOD 0CT - 1 2009	
EXAMINER	

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هي: •		COVER LETTER
TO: Registration S Division of Co		
SUBJECT:	POWER Studios A	Advertising & Design, LLC
	Name of Lim	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.
Please return all corresp	ondence concerning this matter	r to the following:
		Laura Rivera
		Name of Person
	POWER St	udios Advertising & Design, LLC
		Firm/Company
	6995	NW 173 Drive, Unit #2103
		Address
		Hialeah, FL 33015
		City/State and Zip Code
	POW E-mail address: (erstudios@bellsouth.net to be used for future annual report notification)
For further information	concerning this matter, please of	
t	aura Rivera	at (_305)335-3595
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 massee, 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

DIVISION OF CORPORATION

POWER Studios Advertising & Design, LLC (<u>Name of the Limited Liability Company as It now appears on our records.</u>) (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:

1.00

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 a	pplicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:	· · · · · · · · · · · · · · · · · · ·	······································
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	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

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action		
CMO	Monica Morales	13569 SW 118 PATH MIAMI, FL 33186	Add Remove		
			Add Remove		
			Add Remove		
	<u> </u>	·	Add Remove		
************ ****	<u></u>		Add Remove		
			Add Remove		
D. If amendi	ing any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)			
 Dated	September 25 ,				
	LAURA	member or authorized representative of a member A RiverA	<u></u>		
LAURA RIVERA Typed or printed name of signee					
Page 2 of 2 Filing Ecol \$25.00					
Filing Fee: \$25.00					