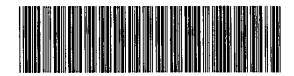
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# **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	SSIR Essentia Name of Lim	LS LLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Chad Sch	Nultz Name of Person		
	Powder By	Design LLC Firm/Company		
	9718 Pat	rician Dr Address		すい
	New Port	Richey Fl 346 City/State and Zip Code	<u>55</u>	SECRETARY SEE, TLO. JA 16 MAY 13 PM 3: 29
-	Vanschutz E-mail address: (	1 @ yahoo, Com to be used for future annual report notifi	cation)	PH FF. TI
For further information col	ncerning this matter, please co		·	3 PM 3: 29
Chad Schul	1+2 Person	at ( <u>127</u> ) <u>688-</u> Area Code Daytime	6258 Telephone Number	_
Enclosed is a check for the	e 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 Fe Certificate of S Certified Copy (additional copy is	tatus &

## **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

Messie Essentials	LC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11000088419	were filed on $8/1/11$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Powder By Design LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1441 Savannah Ave. Suite D
(Principal office address MUST BE A STREET ADDRESS)	Tarpon Springs P1 34698
E-to	
Enter new mailing address, if applicable:	- P
(Mailing address MAY BE A POST OFFICE BOX)	<b>一                                    </b>
	29
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	- <i>د</i> ئيــــاتا
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager		
	-		
AMRD :	= Authorized Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		TARRON SPRINGS, FL 346	78 □ Change
			Remove
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Filing Fee: \$25.00