UND 5857

(Re	equestor's Name)	3)
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER "

		stration Section of Corp						
SUBJEC		Power Roofii	ng & Construction LLC					
SUBJEC	·1; _		Name of Limi	ted Liability Company				
The enclo	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	turn a	all correspon	dence concerning this matter	to the following:				
			L. Casey Montalto					
				Name of Person				
Power Roofing & Construction			16	TAK				
		Firm/Company 25710 ATLANTIC AVENUE				₽ ŏ	LAHASS	
						R 13		
		Address					70	ដែរ មួយ
			SORRENTO, FL 32776		16 APR 13 PH 12: 24	ALLAHASSEE, FLUMBA		
		City/State and Zip Code pwroofingcaseym@gmail.com					,	24
			E-mail address: (t	to be used for future annual	report notification)			
For furth	er int	formation co	ncerning this matter, please ca	di:				
Casey M	ionta	lto			7-6967			
		Name of	Person	Area Code	Daytime Telepl	none Number		
Enclosed	is a	check for the	e following amount:					
\$25.0			□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		MAILI	NG ADDRESS:	STREE	T/COURIER AI	DDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Roofing & Construction LLC		
(Name of the Limited Liah (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L04000005857	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	F- (3)
Enter new principal offices address, if applicable:		司 之而
(Principal office address MUST BE A STREET ADL	ORESS)	
		n 60
		3 50
Enter new mailing address, if applicable:		2: Case 1.08 € 2.08
• ••		F SIT
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	ida
-	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LOPEZ, WILDER	6328 FORTUNE LANE	🗆 Add
, , ,		APOPKA, FL 32712	□ Remove
			☐ Change
			Add_ FA
			Remove
			Add APPER 13 Change M 12: 24 Change M 12: 24
			Change FLORUS Add 24
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e date, if other than the date of filing: Jan 16, 2016 A	(ptional) s after filing.) Pursuant to 605.0207 (3)(
ord specifies a delayed effective date, but not an effective time, at 12: 90th day after the record is filed.	01 a.m. on the earlier of:
April 11	

Page 3 of 3

Filing Fee: \$25.00