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COVER LETTER

TO: Registration Section
Division of Corporations

Power House Design & Assembly 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:

	Mary Golinski			
				
	Power House	<u>C</u>		
	213 Jason D			
		Address		
	Sarasota, Fl	L 34238		
		City/State and Zip Code	 D .	— — — —
	mary.golinski@p			
	E-mail address: (to be used for future annua	il report notification)	
For further information co	oncerning this matter, please co	all:		: <u>نوو</u>
Mary Golins	ski	_{at} 508, 5	579-1396	
Name of	Person	Area Code	Daytime Telephone Num	iber
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e	Certif nclosed) Certif	Filing Fee. Ticate of Status & Tied Copy Tied 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 House Design & Assembly L		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Plorida document number <u>L1400007265</u> .	pany were filed on 01/09/2014	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		Cong
		್ರ ಜ
nter new mailing address, if applicable:		()
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	-	
 If amending the registered agent and/or register egistered agent and/or the new registered office address 		the name of the
Nama of Now Povintaged Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Planta.	
-	, Florida	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Mary Golinski 213 Jason Drive Sarasota, FL 34238 MGR ☐ Remove □ Remove □ Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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_	
_	
_	10.000
Effecti (The effection the date	ve date, if other than the date of filing:
Dated	
-	
	Signature of a member or authorized representative of a member
	v
	Mary Golinski
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00