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#### **COVER LETTER**

то:	Registration Sec Division of Corp					
OX III X		ing & Construction II LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company	· · · · · ·		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		L. Casey Montalto				
			Name of Person			
		Power Roofing & Construc	ction II LLC			
			Firm/Company			
	400 Golf Brook Circle Apt. 202					
			Address	, , , , , , , , , , , , , , , , , , ,		
		pwroofingcaseym@gmail.co	·			
			to be used for future annual report notifi	ication)		
For fu	rther information co	oncerning this matter, please ca	all:			
L. Ca	sey Montalto		407 257-6967 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Encio	sed is a check for th	ne 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 Roofing & Construction II LLC				
( <u>Name of the Limited Liability Comp</u> a (A Florida Limited l	ny as it now appears on our recor Liability Company)	<u>(ds.</u> )		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 29, 2015	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:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LU	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	400 Golf Brook Circle Apt. 20	02		
(Principal office address MUST BE A STREET ADDRESS)	Longwood El 32779			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	400 Golf Brook Circle Apt. 202 Longwood, FL 32779			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the n		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addre	255		
		lorida		
	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>	<u>Name</u>	Address	Type of Action
MGR	Jeffrey Montalto	400 Golf Brook Circle Apt. 202	
		Longwood, Fl 32779	Remove
			Change
MGR	David J Mitro Jr.	25710 Atlantic Ave	<b>=</b> Add
		Sorrento, FL 32776	Remove
			Change
MGR	L. Casey Montalto	400 Golf Brook Circle Apt. 202	<b>=</b> Add
		Longwood, FL 32779	□ Remove
			Change
			Remove
			Change
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	ate of filing:			
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Filing Fee: \$25.00