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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

Power Roo	fing & Construction II, LLC		
SUBJECT:		h	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	L. Casey Montalto		
		Name of Person	
	Power Roofing & Solar		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	255 Primera Blvd. Suite 16	50	
		Address	
	Lake Mary, FL 32746		
	caseym@pwrrs.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information o	oncerning this matter, please c	all:	
L. Casey Montalto		407 257,6967	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	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		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Power Roofing & Construction II, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Power Roofing & Solar, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 Florida street address 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
		□Remove	
		□Change	
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		□Remove	
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		Add	
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			□Remove
			□Change

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>-</u>	
_	
-	
(If an effect Note: 1:	e date, if other than the date of filing:
If the record record is tite	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Jan 13, 2022
	Signature of a member or authorized representative of a member
	Typed or printed rame of signee