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T. HAMPTON

## **COVER LETTER**

Division of Corp			
SUBJECT:	Sun Block Name of Limited	L Materials, LLC d Liability Company	<u>.</u>
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	DEVIN	Name of Person	
		E MATERIALS, LLC Firm/Company	
			, >
	TEMPE	CEDAR ST #S  Address  AZ 85281  City/State and Zip Code  + @ Sunblackmateri	
	Contac E-mail address: (to	City/State and Zip Code  - Conblock materials be used for future annual report notifications.	ials.com
For further information co	ncerning this matter, please cal	l:	
Dev .~ Name of	Person	at ( <u>623 ) 302 ~ 313 7</u> Area Code & Daytime Te	2elephone 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 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

Sun	Block Materials, LLC		
(Name of the Limited Li (A F	ability Company as it now appears of orida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liab			d
Florida document number L_ 09000   1 88	<u>72</u> .	2013 OF SECRETALLA	
This amendment is submitted to amend the follow	ing:	E ST	# 
A. If amending name, enter the new name of the	ne limited liability company here:	P# 12	T J
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company	" the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)	<del>_</del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		···
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the	e new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
	City	, Florida Zip Code	
	Chy	Lip 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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nunia Carte	199 E. Flagur Str 925	Add
		199 E. Flagher St. 925 Miani, FL 33131	Remove
<del></del>			Add
			Remove
		TALLA:	20 00 -Add
		ARD ARD ARD Color Art Color Br	Add
		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	PH Remove
		<u> </u>	<u>-</u>
			Add
			Remove
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	· · ·		
			Remove
			Add
			Remove

). 'If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
_	
ated	September 30, 2013.
	D-B
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

70130CT 15 PH **12: 14**