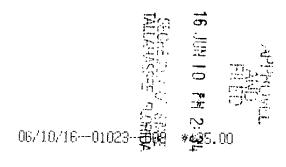
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Perma Structures, 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:
David Newman Name of Person
Perma Structures, LL (Firm/Company
1907 Hollywood Or. Address
Tallahassee, FL 32303 City/State and Zip Code
For further information cone mine this matter, please call:
David Neuman at (828) 273-9251 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

Perma Structures, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000131444</u>	were filed on <u>9/17/13</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi New Sun Properties, LLC The new name must be distinguishable and contain the words Limited Liabili		abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1907 Holly wood [Tallahassee, Fl 32.)r. 303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1907 Hollywood Tallahassee, Fl 323	Or. 03
B. it matending the registered agent and/or registered of		r the name of the new
registered agent and/or the new registered office address here	:	16 SEC.
Hame of New Registered Agent:		<u> </u>
New Registered Office Address:		1 5 D
	Enter Florida street address . Florida	2 2 2
gr	City , 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

lf amending Authorized Person(s) authorized to manage, enter the title, name, and address of each perso	n being added
or removed from our records:	

MGR = AMBR =	Mar Aut	tager horized Member		
Title		<u>Name</u>	Address	Type of Action
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(II'an ef Note:	(optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	55.0207 (3)(b) sted as the
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:
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Dated		
Dated		

Page 3 of 3

Filing Fee: \$25.00