

L11000074335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

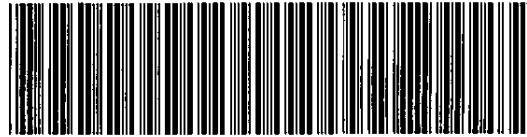
(Business Entity Name)

(Document Number)

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FILED  
11 JUN 30 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL - 1 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DAMIANG,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:

**HALINA KRYSTYNA GLOWATA**

Name of Person

**DAMIANG,LLC**

Firm/Company

**1421 RIBOLLA DR**

Address

**PALM HARBOR FLORIDA, 34683**

City/State and Zip Code

**DAMIANGLLC@YAHOO.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAMIAN GLOWATY**

Name of Person

at ( **727** )

**798-5508**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

**DAMIANG, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**11 JUN 30 AM 10:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 06/27/2011 and assigned  
Florida document number L11000074335.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

1421 RIBOLLA DR

PALM HARBOR

FLORIDA, 34683

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>      | <u>Address</u>  | <u>Type of Action</u>                      |
|--------------|------------------|-----------------|--|
| MGRM         | HALINA K GLOWATA | 1421 RIBOLLA DR | <input checked="" type="checkbox"/> Add    |
|              |                  | PALM HARBOR     | <input type="checkbox"/> Remove            |
|              |                  | FLORIDA, 34683  |  |
|              |                  |                 | <input type="checkbox"/> Add               |
|              |                  |                 | <input checked="" type="checkbox"/> Remove |
|              |                  |                 |  |
|              |                  |                 | <input type="checkbox"/> Add               |
|              |                  |                 | <input type="checkbox"/> Remove            |
|              |                  |                 |  |
|              |                  |                 | <input type="checkbox"/> Add               |
|              |                  |                 | <input type="checkbox"/> Remove            |
|              |                  |                 |  |
|              |                  |                 | <input type="checkbox"/> Add               |
|              |                  |                 | <input type="checkbox"/> Remove            |
|              |                  |                 |  |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 11 JUN 30 AM 10:55  
 SECRETARY OF STATE  
 TALAMASSEE, FLORIDA

Dated JUNE 28, 2011

Signature of a member or authorized representative of a member

**DAMIAN S GLOWATY**

Typed or printed name of signee