

**L13000009892**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

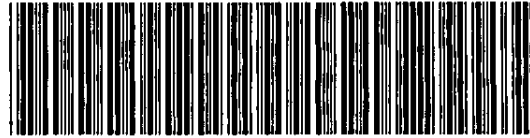
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**MAR 29 2013**

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13 MAR 25 PM 1:02  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amending the MANAGERS OR MANAGING MEMBER on our Records  
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:

Pauline DEANS  
Name of Person  
DAMA AZUL LLC  
Firm/Company  
532 SE EVERGREEN TER  
Address  
Port Saint Lucie FLA 34983  
City/State and Zip Code  
pdeans@ICloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pauline DEANS at (914) 954-2895  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

The Articles of Organization for this Limited Liability Company were filed on MARCH 15, 2013 and assigned Florida document number L130000239892

This amendment is submitted to amend the following:

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

N/A  
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)

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:

N/A  
Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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.*

N/A  
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

Title	Name	Address	Type of Action
MGRM	PAULINE DEANS	532 SE EVERGREEN TER	<input checked="" type="checkbox"/> Add
		Port Saint Lucie	<input type="checkbox"/> Remove
		FLA 34983	
MGR	DAPHNE PURCELL	532 SE EVERGREEN TER	<input type="checkbox"/> Add
		Port Saint Lucie	<input checked="" type="checkbox"/> Remove
		FLA 34983	
MGR	HAZEL PURCELL	532 SE EVERGREEN TER	<input type="checkbox"/> Add
		Port Saint Lucie	<input checked="" type="checkbox"/> Remove
		FLA 34983	
			<input type="checkbox"/> Add
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ALABAMA

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

N/A

Dated 20 MARCH, 2013.

Pauline Deans

Signature of a member or authorized representative of a member

PAULINE DEANS

Typed or printed name of signee

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Filing Fee: \$25.00