# PBW3950

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AUG 28 2013 R. WHITE



# **COVER LETTER**

Division of Corporations			
NAME OF CORPORATION: AZUL AND COUPANY INC.  DOCUMENT NUMBER: PO5 0000 73950.			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MARIA JOSE DE CAIRES  Name of Contact Person			
AZUL AND COMPANY INC			
AZUL AND COMPANY INC  Firm/ Company  4520 (mee de Hem Blrd.  Address  Conal GABLES, Fl. 33146  City/ State and Zip Code			
CONAL GABLES, Al. 33146			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
HAMA JOSE De CAIRES at (305) 859-7534.  Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)			

TO: Amendment Section

Mailing Address
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NAUG 26 DU

HZUL AND WOMPAN	14 INC PH 3: 49
(Name of Corporation as currently filed with	The state of the s
P0500007	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4520 fonce de tem Bloch CORAL GABLES, Fl. 33146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4500 PONCE DE LEON Blod Comm GABLES, FR. 33146
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Albereby accept the appointment as registered agent. I am fam.	
Signature of New Negls	ын и проту

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Do	<u>oe</u>	
X Remove	V Mike Jo	ones	
X Add	SV Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARIA JOSE DE CARRES	<u>.</u>
Add			Heami, Ff. 33176
Remove			
2) Change		JUDITH Homer	10995 SW 153 Are
_X_ Add			Mami, Fl. 33196
Remove 3) Change		MANUANNE FIALLO	10901 SW 88St
_X_Add			apt 106
Remove			Ham', A. 33176
4) Change	TR	ANTHONY BISCHOFF	= 2694 INAGUA Ave
X Add		,	apt 201
Remove			Mami, Ff. 33133
5) Change	VSTR	MANUA JOSE DE CAIRE	
Add			Mami, Fl. 33/76
Remove			
6) Change		<del></del>	
Add			
Remove			

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rovisions for implementing the a	<u>mendment if ne</u>	sification, or ca ot contained in	ncellation of is the amendmen	sued shares, t itself:	
an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	<u>mendment if ne</u>	ssification, or ca ot contained in	nncellation of is the amendmen	sued shares, t itself:	
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rovisions for implementing the a	<u>mendment if ne</u>	ssification, or ca	ncellation of is	sued shares, t itself:	

The date of each amendment(s) as date this document was signed.	doption: 8/15/13	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 8	15/13	
Dated 8 Signature (By a c selecte	ana fre De Caires President	_ <del>_</del>
(By a c	lirector, president or other officer – if directors or officers have not been	
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроп	nted fiduciary by that fiduciary)	
	MANIA JOSE DE CAIRES (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	_
	(Title of person signing)	