



MAY 28 2013

JUN 27 2013

FILE NO. L1684402-3 FILE NO. L1684402-3

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF AMENDMENT**

*Read the Instructions L015i*

1. **ENTITY NAME** - give the exact name of the LLC as currently shown in A.C.C. records:

Domestic Divas Unite, LLC

2. **A.C.C. FILE NUMBER:** L-1684402-3

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

3.  **ENTITY NAME CHANGE** - type or print the exact NEW name of the LLC in the space below:

4.  **MEMBERS CHANGE (CHANGE IN MEMBERS)** - see Instructions L015i - Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS - in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

Tracy Lake <small>Name currently shown in ACC records</small>			Name currently shown in ACC records		
NEW Name 905 N Sinagua Heights Dr. <small>Address 1</small>			NEW Name Address 1		
Address 2 (optional) Flagstaff		AZ <small>State or Province</small>	86004 <small>Zip</small>		Address 2 (optional)
City UNITED STATES	State or Province		City	State or Province Zip	
Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		
Name currently shown in ACC records Stephen L. James NEW Name			Name currently shown in ACC records NEW Name		
Address 1 614 N Lone Oak Way			Address 1		
Address 2 (optional) Flagstaff		AZ <small>State or Province</small>	86004 <small>Zip</small>		Address 2 (optional)
City UNITED STATES	State or Province		City	State or Province Zip	
Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member		

5.  **MANAGERS CHANGE (CHANGE IN MANAGERS)** – Use one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager	

6.  **MANAGEMENT STRUCTURE CHANGE** – see *Instructions L015i* – check only one box below and follow instructions:
- CHANGING TO MANAGER-MANAGED LLC – complete and attach the **Manager Structure Attachment** form L040. *The filing will be rejected if it is submitted without the attachment.*
  - CHANGING TO MEMBER-MANAGED LLC – complete and attach the **Member Structure Attachment** form L041. *The filing will be rejected if it is submitted without the attachment.*

7.  **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – see *Instructions L015i*:

<b>7.1 REQUIRED</b> – give the name (can be an individual or an entity) and <b>physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Sabrina James Statutory Agent Name (required)					
Attention (optional) 614 N Lone Oak Way			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Flafstaff	AZ	86004			
<b>7.3 REQUIRED</b> – the <b>Statutory Agent Acceptance</b> form M002 must be submitted along with these Articles of Amendment.					

8.  **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

<b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

9.  **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- Yes - go to number 10 and continue  
 No - go to number 9.2 and continue

9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

10.  **DURATION CHANGE** - check one to indicate the NEW duration or life period of the LLC:

- Perpetual  
 The LLC's life period will end on this date: \_\_\_\_\_ (enter a date - mm/dd/yy)  
 The LLC's life period will end upon the occurrence of this event:  
 \_\_\_\_\_ (describe an event)

11.  **ENTITY TYPE CHANGE** - If changing entity type, check one and follow instructions:

- Changing to a PROFESSIONAL LLC - number 12 must also be completed.  
 Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12.  **PROFESSIONAL SERVICES CHANGE** - describe the NEW type of professional services the professional LLC will render:

\_\_\_\_\_

13.  **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Sabrina H. James

Signature

Printed Name

Date (mm/dd/yy)

**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager</b> named: _____	<input checked="" type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member</b> named: Sabrina James
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Filing Fee: \$25.00 (regular processing)  
 Expedited processing - add \$35.00 to filing fee.  
 All fees are nonrefundable - see instructions.

Mall: Arizona Corporation Commission - Corporate Filings Section  
 1300 W. Washington St., Phoenix, Arizona 85007  
 Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.  
 All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.  
 If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:

Domestic Divas Unite LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ): L-1684402-3  
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity):

Sabrina H. James

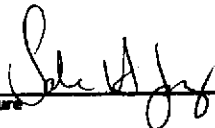
- 3.1 Check one box:  The statutory agent is an **Individual** (natural person).  
 The statutory agent is an **Entity**.

### STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

I ACCEPT

Signature 

Printed Name  
Sabrina H. James

Date  
6/24/13

### REQUIRED – check only one:

**Individual as statutory agent:** I am signing on behalf of myself as the individual

**Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)  
Expedited processing – (available only if this form is submitted by itself) add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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