

AZ CORPORATION COMMISSION
FILED

NOV 24 2008

ARTICLES OF AMENDMENT
Pursuant to A.R.S. 29-633 (F)

FILE NO. U12833852

1. The name of the limited liability company is:

The Naturopathic Physician LLC

2. Attached hereto as Exhibit A is the text of the amendment.

Dated this 20th day of November, 2008.

Signature: Hannan, member.

Print Name: Hanna Ian

Check One: ☒ Member ☐ Manager

DO NOT PUBLISH THIS SECTION

The amendment must be executed by a manager if management of the limited liability company is vested in a manager or by a member if management is reserved to the members.

EXHIBIT A
AMMENDMENTS TO THE ARTICLES OF ORGINAZATION

1. Hanna Ian is the statutory agent for The Naturopathic Physician, LLC. The address of the statutory agent has been changed. The current address is

15436 West Statler Circle, Surprise, AZ 85374

2. The membership of The Naturopathic Physician, LLC has been changed. The new member is the Joseph C Maier and Hanna Ian Revocable Living Trust. The trustees for the Joseph C Maier and Hanna Ian Revocable Living Trust are as follows:

Hanna Ian, Trustee
Joseph C. Maier and Hanna Ian Revocable Living Trust
15436 West Statler Circle
Surprise, AZ 85374

Joseph C. Maier, Trustee
Joseph C. Maier and Hanna Ian Revocable Living Trust
15436 West Statler Circle
Surprise, AZ 85374

AZ Corp. Commission



01572591

**DO NOT FILL IN
SECTION**

ARTICLE 1
The company name:
includes an ending or
may be "limited liability
company," "limited
company," or the
abbreviations "LLC,"
"L.P.," "LLP" or "L.P.C." if
you are the holder or
assignee of a trademark or
trademark, attach
Declaration of Trademark
Registration.

ARTICLE 2
May be in use of the
company agent.

ARTICLE 3
The statutory agent
must provide a street
address. If statutory agent
has P.O. Box, then they
must also provide a street
address/office.
The agent must sign the
Articles or provide a
consent to appointment of
appointment.

The agent must consent
to the appointment by
executing the consent.

ARTICLE 4
Complete this section only if
you desire to select a date of
dissolution when the
company will dissolve. If
dissolution is desired, fill
in this section below.

AZ CORPORATION COMMISSION**FILED****ARTICLES OF ORGANIZATION****MAY 12 2000****A.R.S. §20-632****FILE NO. L-1223936-2**

1. **Name.** The name of the limited liability company is:
The Naturopathic Physician, L.L.C.
2. **Known Place of Business.** The address of the company's known place of business in Arizona is:
c/o Statutory Agent
3. **Statutory Agent.** (In Arizona) The name and street address of the statutory agent of the company is:
Dr. Hanna Tam
8757 Northview Avenue
Glendale, Arizona 85305

Acceptance of Appointment By Statutory Agent

I, Hanna Tam, having been designated to act as
Statutory Agent, hereby consent to act in that capacity until removed or resignation is
submitted in accordance with the Arizona Revised Statutes.

Hanna Tam
Signature of Statutory Agent

[If signing on behalf of a company serving as
statutory agent, print company name here]

4. **Dissolution.** The latest date, if any, on which the limited liability company
must dissolve is:

DO NOT FILL IN THE
SECTION
SECTION 3
Check which management
structure will be applicable to
your company. Provide
name, title and address for
each person.

3. Management

L-1283385-2

- ☒ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: HANNA TAN ☒ member ☐ manager ☐ member ☐ manager
Address: 4757 Northwood Avenue
City, State, Zip: Glendale, AZ 85305

Name: ☐ member ☐ manager ☐ member ☐ manager
Address: _____
City, State, Zip: _____

- ☐ Management of the limited liability company is reserved to the members. The names and addresses of each person who is a member are:

Name: ☐ member ☐ member
Address: _____
City, State, Zip: _____

Name: ☐ member ☐ member
Address: _____
City, State, Zip: _____

The person(s) executing
this document are not the
manager or member(s) of
the company.

EXECUTED this 10 day of May, 2006

Hanna Tan _____
[Signature] [Signature]

Hanna Tan _____
[Print Name Here] [Print Name Here]

PHONE 602-369-3498 FAX _____

LL-0001
Rev. 05/00

See A.R.S. § 49-401 through 49-404 for more info.

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION
SUBMISSION COVER SHEET**

Important: USE A SEPARATE COVER sheet for each document.

ARE YOU FILING: ☐ New Entity ☒ Change to existing Entity ☐ Re submission/Correction

Please Select AND Complete all the Appropriate Sections 1 through 10:
Regarding (Name/Proposed name for Corp/LLC):

1. Type in Name: _____

2. Filing Type: (Select Only One)

- ☐ Articles of Domestication\$100.00
- ☐ Articles of Incorporation (P)\$ 60.00
- ☐ Articles of Incorporation (NP).....\$ 40.00
- ☐ Articles of Organization (LLC).....\$ 50.00
- ☐ Application For Authority (Business).....\$175.00
- ☐ Application to Conduct Affairs (NP).....\$175.00
- ☐ Application for New Authority\$175.00
- ☐ Application for Registration.....\$150.00
- ☒ Articles of Amendment.....\$ 25.00
- ☐ Articles of Amendment & Restatement\$ 25.00
- ☐ Articles of Correction\$ 25.00
- ☐ Articles of Merger/Share Exchange\$100.00
- ☐ Articles of Merger LLC\$ 50.00
- ☐ Affidavit of PublicationNo Fee
- ☐ Other: _____

4. Processing Type (Select One)

☐ Expedited (\$35.00) (Priority service,
Additional Fee Per Document) Completed as soon
as possible. View current processing times at
<http://www.azcc.gov/Divisions/Corporations>

☒ Regular View current processing times at
<http://www.azcc.gov/Divisions/Corporations>

5. Select Payment type:

☒ Check Amt 25.00 Check # 1613
☐ Cash Amt _____
☐ MOD Amt _____ MOD # _____
☐ No fee required

☐ See attached distribution of funds
instructions

3. Extras:

- ☐ Certified Copies () (Qty @ \$5 each for Corps
- ☐ Certified Copies () (Qty @ \$10 each for LLC=s
- ☐ Good Standing Certificate () (Qty @ \$10 ea.)
- ☐ Expedite Good Standing (\$35.00 extra)
- ☐ Expedite Certified Copies (\$35.00 extra)

6. Total Payment Type: \$ 0.00

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NOV 24 2008

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

7. Other Special Instructions: _____

8. SELECT ONE RETURN DELIVERY OPTION : ☒ Mail ☐ Pick Up ☐ Fax # _____

9. The following individual should be called to pick up completed documents:

Name/Service Co/Preparer: _____ Phone: _____

Preparer License # _____
(If applicable)

10. Please respond promptly to phone messages. Documents will be mailed if they are not picked up in a timely manner - approximately two weeks. In that event, the documents should be mailed to the following address:

Firm Name: The Naturopathic Physician LLC Attn: Dr. Hanna Tan

Address: 15436 W. Statler Circle

City, State, Zip: Surprise, AZ 85374

Pick-up by: _____

Date: _____

(FOR ACC USE ONLY. Do not fill in this box)

