

FILE NO. L110333352

Read the Instructions LQ16i

The Pet Food Warehouse, LLC

2. A.C.C. FILE NUMBER: 633335-2 L-1633335-2

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 provided:

4. ☒ **MANAGEMENT STRUCTURE CHANGE** – *see Instructions (016)* – 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.*

X 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.*

5. ☐ DURATION CHANGE – check only one box to indicate the **NEW** duration or life period of the LLC:

☒ Perpetual

☐ The LLC's life period will end on this **date**:

☐ The LLC's life period will end upon the occurrence of this **event**:

6. ☐ ENTITY TYPE CHANGE – check one and follow instructions:

☐ **CHANGING TO PROFESSIONAL LLC** - number 7 must also be completed.

☐ **CHANGING TO NON-PROFESSIONAL LLC –**
(professional LLC becoming a regular LLC).

7. ☐ PROFESSIONAL SERVICES CHANGE – describe the **NEW** type of professional services of the LLC:

8. ☐ **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 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

☒ I ACCEPT

Kathleen S. Allen Kathleen S. Allen

Signature Printed Name

Printed Name _____

Date (mm/dd/yy)

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

☐ This is a **manager-managed LLC** and I am signing individually as a **manager** or I am signing for an **entity manager named:**

☐ This is a **member-managed LLC** and I am signing
Individually as a **member** or I am signing for an **entity**
member named:

Filing Fee: \$25.00 (regular processing)
Expedited processing - 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

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) 800-345-58

MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
The Pet Food Warehouse LLC

2. **A.C.C. FILE NUMBER** (if known): **L-1633335-2**
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3. **Check one box only to indicate what document the Attachment goes with:**

- ☐ Articles of Organization
 ☒ Articles of Amendment
☐ Application for Registration
 ☐ Articles of Amendment to Application for Registration

4. **MEMBERS** – give the name and address of all **Members**. If more space is needed, use another Member Structure Attachment form.

Kathleen S. Allen			David Malmgren		
Name			Name		
P.O. Box 1925			P.O. Box 1925		
Address 1			Address 1		
600 E. Old Linden Road			600 E. Old Linden Road		
Address 2 (optional)			Address 2 (optional)		
Show Low	AZ	85902	Show Low	AZ	85902
City		State or Province	City		State or Province
Country	UNITED STATES	Zip	Country	UNITED STATES	Zip
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	City		State or Province
Country		Zip	Country		Zip
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	City		State or Province
Country		Zip	Country		Zip