FEB 1 1 2013 FILE NO. <u>L1748095.</u>3



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

ARTICLES OF AMENDMENT Read the Instructions <u>L015i</u>														
1.	ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:													
	RIG RED BARN UC													
2.	1 -17/18/195-2													
	Find the	A.C.C. file no	umber o	on the					r website at: htt	p://w	ww.azc	c.gov/Division:	s/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 <u>Instructions L015i</u> – 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 <u>Amendment Attachment for Members</u> form L044.									any new being made for Idress, and check					
	_ 52AN	ETTE	(<u>سا</u> ب	1PHRE	SS								
		shown in ACC r					Name	e currer	ntly shown in ACC	record	5			
NEW	Name	· · · · · · · · · · · · · · · · · · ·					NEW Name							
Addre	ess 1						Address 1							
١	402	LEK	un.	S	σ									
Addre	ess 2 (optio	nal) 114 A			A-2	85365	Addre	ess Z (d	optional)					
City	$\overline{}$	<u> </u>			State or Province	Zip	City	Ī				State or Province	Zip	
Count	l try						Country							
	Address	change	Ac	dd as	20% or more	e member	Address change							
Name change Add as less than 20% member								Nam	ne change		Add a	s less than 2	:0% member	
Remove member									Ц	Remo	ve member			
Name	currently :	shown in ACC r	ecords				Name currently shown in ACC records							
NEW Name						NEW Name								
Address 1						Address 1								
Addre	ess 2 (optio	nal)					Addre	ess 2 (c	optional)					
City				<u> </u>	State or Province	Zip	City					State or Province	Zip	
Count	try			_			Count	try						
Address change Add as 20% or more member						Address change Add as 20% or more member								
	Name c	hange			less than 209	% member		Nam	e change				:0% member	
Remove member								LJ	Remo	ve member				

IN A.C.C. RECORDS that manager (new FOR NEW MANAGER appropriate box. It	 list the name name and/or ad in a separa 	of each manager dress), then che I te block, list th	r being cha ck all box e name in	inged, and is that app the NEW N	below that prily to Indicate to Name blank an	ovide any ner he change be d give the ad	w information of the second contract of the s	or that manager. check the	
Name currently shown in ACC record	N.	Name currently shown in ACC records							
NEW Name			N	W Name					
Address 1	A	Address 1							
Address 2 (optional)			A	ldress 2 (opt	ional)				
								<u></u>	
City	State o		6	ty			State or Province	Zip	
Country			C	untry					
Address change Name change	Add as manag Remove mana	_	L	Address change Add as manager Name change Remove manager					
		-			· · - · · 3 -		9		
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. X STATUTORY AG	ENT CHANGE	- NEW AG	ENT AP	POINTE	o – <u>see Instr</u>	uctions L01	<i>5i</i> :		
7.1 REQUIRED - giv or an entity) an (not a P.O. Box) agent:	ess	7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):							
Statutory Agent Name (required)									
Attention (optional)				uttention (op	tional)				
1402 E. K Address 1	uns (<u> </u>		Address 1					
Address 2 (optional)		T		ddress 2 (o	ntional)		г		
City UMA	State 2	z1,9634	~	iaaress 2 (o) Jity	poonary		State	Zip	
7.3 REQUIRED – the Amendment.	Statutory Age	nt Acceptance	form M0	02 must l	be submitted	along with			
8. STATUTORY AG and/or 8.2:	ENT ADDRES	S CHANGE - A	ADDRES	S OF CUI	RRENT STAT	TUTORY AC	SENT - co	omplete 8.1	
8.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:					8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):				
Attention (optional)				Attention (op	rtional)				
Address 1					Address 1				
Address 2(optional)		I		ddress 2 (o	ptional)		1		
City	State	Zip		lity	-		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:										
	place of business of the LEC III At (2016).										
	Attention (optional)										
	Address 1										
	Address 2 (optional)										
	City State or Zip Province										
	Country										
40 🗆											
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).										
	Ondriging to a front the Educational Educational Education at Edu										
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										
13.	you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.										
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٠.											
SIGNAT	to the second control of the control										
-	together with any attachments is submitted in compliance with Arizona law.										
	/) /// / / DEL + 0.0505										
	☐ I ACCEPT .										
	Printed Name Date (mm/dd/yy)										
Signature											
	ED - check only one and fill in the corresponding blank if signing for an entity:										
	s'is a manager-managed LLC and I am signing ividually as a manager or I am signing for an entity										
	ividually as a manager or I am signing for an entity individually as a member or I am signing for an entity member named:										
L											
ED:	25 00 (100 100										
	ee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section ed processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007										
	are nonrefundable - see Instructions. 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.

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STATUTORY AGENT ACCEPTANCE

	Please read Instructions MOUZI									
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:									
	BIG RED BARN L.LC.									
2.	A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ):									
3.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity):									
	SANDRA ESCALANTE									
	3.1 Check one box: ☐ The statutory agent is an Individual (natural person). ☐ The statutory agent is an Entity.									
ST	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.									
-										
	. Q I ACCEPT									
	SANDRA ESCARANTE 2.7.13									
- •	Printed Name Date									
	QUIRED – check only one:									
2	Individual as statutory agent: I am signing on behalf of myself as the individual behalf of the entity named as statutory agent, and I am authorized to act for that entity.									

Filing Fee: none (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing – add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

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