## AZ CORPORATION GOMMISSION FILED

AZ CORPORATION COMMISSION FILED

SEP 1 9 2013



SEP 0 6 2013

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

|      |   |   | AR   | TICLES (<br>Read the 1                               |  | I <b>ENDMEN</b><br>ions <u>L015i</u>   | Т   |  |   |  |  |  |
|------|---|---|--|--|--|--|---|--|---|--|--|--|
| 1.   | ENT   | TITY NAME – give the ex   | act name of t  | h <b>e LLC as</b> cur                                | rently sho                                 | own in A.C.C. m  | ecords:                                     |  |   |  |  |  |
|      | AS.   | AP Firebird Tire Service  | e LLC  |  |  |  |   |  |   |  |  |  |
| 2.   | A.C.  | .C. FILE NUMBER: L-10 the A.C.C. file number on the   | )99184-1<br>e upper comer (                          | of filed docume                                      | nts OR on                                  | our website at: ht   | tp://www.a                                  | zcc.gov/Divisio                                  | ons/Corporations                                    |  |  |  |
| СН   |   | THE BOX NEXT TO   |  |  |  |  |   |  |   |  |  |  |
|      |   | ETE THE REQUEST   |  |  |  |  | E.  |  |   |  |  |  |
| 3.   |   | ENTITY NAME CHANG   | iE - type or p                                       | rint the exact                                       | NEW nan                                    | ne of the LLC in   | the space                                   | e below:   |   |  |  |  |
| 4.   | Ø   | MEMBERS CHANGE (CURRENTLY SHOWN IN Adinformation for that member for NEW Mithe appropriate box. If mo | C.C. RECORDS -<br>or (new name a<br>IEMBERS - in a : | list the name o<br>nd/or address),<br>separate block | of each men<br>then check<br>k, list the r | nber being chang<br>k all boxes that a<br>name in the NEW                                  | jed, and bel<br>ppty to India<br>Name blank | ow that provid<br>ate the change<br>and give the | e any new<br>e being made for<br>address, and check |  |  |  |
| Pau  | l Cor   | onado Jr.   |  |  |  |  |   |  |   |  |  |  |
| Nam  | e curre   | ntly shown in ACC records   |  |  | Name out                                   | rently shown in ACC  | records                                     |  |   |  |  |  |
| NEW  | Name  |   |  |  | NEW Nan                                    | 16   |   |  |   |  |  |  |
|      |   |   |  |  | 1  | Coronado   |   |  |   |  |  |  |
| Addr | ess 1   |   |  |  | Address 2                                  | ='   |   |  |   |  |  |  |
|      |   | . 19th Ave. Suite A   |  |  |  | N. 19th Ave. 5   | Suite A                                     |  |   |  |  |  |
|      | ess z (<br>enix   | optional)   | AZ   | 85027  | Phoenix                                    | (optional)   |   | AZ   | 85027   |  |  |  |
| City |   | I DUTED CTATES  | State or<br>Province                                 | Zip  | City                                       |  |   | State or Province                                | Zip   |  |  |  |
| Cour |   | UNITED STATES   |  |  | Callator                                   | UNITED ST  | AIES  |  |   |  |  |  |
|      | Address change Add as 20% or more member  Name change Add as less than 20% member |   |  |  |  | Country  Address change Add as 20% or more member  Name change Add as less than 20% member |   |  |   |  |  |  |
|      |   | Remo  | ve member  |  |  |  | Ren   | nove membe                                       | r   |  |  |  |
| Nam  | e curre   | nity shown in ACC records   |  |  | Name cur                                   | rently shown in ACC  | records                                     |  |   |  |  |  |
|      |   | •   |  |  |  | •  |   |  |   |  |  |  |
| NEW  | Name  |   |  |  | NEW Nam                                    | <b>12</b>  |   |  |   |  |  |  |
| Addr | ess 1   |   |  |  | Address 1                                  |  |   |  |   |  |  |  |
| Addr | ess 2 (d  | pptional)   |  |  | Address 2                                  | (optional)   |   |  |   |  |  |  |
| City |   |   | State or<br>Province                                 | Zip  | City                                       |  |   | State or<br>Province                             | Zip   |  |  |  |
| Coun | •   | ress change 🔲 Add a   | s 20% or mon   | e member   | Country                                    | dress change   | ☐ Add                                       | as 20% or n                                      | nore member   |  |  |  |
|      | Narr  | ne change 🔲 Add a   | s less than 20                                       | % member   | ☐ Na                                       | me change  | Add   | as less than                                     | 20% member  |  |  |  |
|      |   | Remo  | ve member  |  |  |  | Ren   | nove member                                      | r   |  |  |  |

|   |                      | FOR NEW MANAG  | w name<br>ERS – in                                  | and/or ac<br>: a separ | idress),<br><b>ate bio</b> | , then check all b<br>ck. list the name | oxes                                | that apply to indicate the come NEW Name blank and githe Amendment Attachme   | change b                              | eing made<br>ddress, and | chack the                |  |
|---|----------------------|--|---|------------------------|----------------------------|---|-------------------------------------|---|---------------------------------------|--------------------------|--------------------------|--|
|   |                      |  |   |                        |                            |   | -                                   |   | · · · · · · · · · · · · · · · · · · · | <del></del>              |                          |  |
| Name currently shown in ACC records   |                      |  |   |                        |                            |   | Name currently shown in ACC records |   |                                       |                          |                          |  |
| NEW Name  |                      |  |   |                        |                            |   | NEW Name                            |   |                                       |                          |                          |  |
| Address 1   |                      |  |   |                        |                            |   | Address 1                           |   |                                       |                          |                          |  |
| Address 2 (optional)  |                      |  |   |                        |                            | 1"                                      | Address 2 (optional)                |   |                                       |                          |                          |  |
|   |                      |  |   |                        |                            | <u> </u>                                |                                     |   |                                       |                          |                          |  |
| Clb   | <u></u>              |  |   | - State o              |                            | Zip                                     | City                                |   |                                       | State or<br>Province     | Zíp                      |  |
| Country   |                      |  |   |                        |                            |   | Cour                                | · ·   |                                       |                          |                          |  |
|   | Address change       |  |   |                        |                            |   | H                                   | Address change  |                                       | s manage<br>ve manag     |                          |  |
|   |                      |  |   |                        |                            |   |                                     |   |                                       |                          |                          |  |
| 6.  |                      | MANAGEMENT Instructions:   | STRU  | CTURE                  | CHAN                       | GE – <u>see Instr</u>                   | uctio                               | <i>ns L015i</i> – check only o  | ne box                                | below and                | 1 follow                 |  |
|   |                      | CHANGIN  | GTO M   | WAGER-                 | -MANA                      | GED LLC - cor                           | nplet                               | e and attach the <u>Manag</u>   | er Stru                               | cture Atta               | chment                   |  |
|   |                      | form L040  | . The f   | iling will             | be rej                     | ected if it is su                       | omit                                | ted without the attachn   | nent.                                 |                          |                          |  |
|   |                      | The filing   | will be i   | ejected                | if it is                   | submitted with                          | out l                               | and attach the <u>Member</u><br>the attachment.   | Struct                                | une Attach               | iment form LO41.         |  |
|   |                      |  |   |                        |                            |   |                                     |   |                                       |                          |                          |  |
| 7.  |                      |  |   |                        |                            |   | APP(                                | DINTED - <u>see Instructi</u>   | ons LO                                | <u>5</u> :               |                          |  |
| 7.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent: |                      |  |   |                        |                            |   | _                                   |   |                                       |                          |                          |  |
| <u>.</u>  |                      | or an entity) a  | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              |                                     | 7.2 OPTIONAL - m<br>NEW Statutory   |                                       |                          |                          |  |
|   |                      | or an entity) <b>a</b><br>(not a P.O. Box  | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              |                                     |   |                                       |                          |                          |  |
| Stab  |                      | or an entity) <b>a</b><br>(not a P.O. Box  | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              |                                     |   |                                       |                          |                          |  |
|   | utory Ag             | or an entity) a<br>(not a P.O. Box<br>agent:   | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              | Atte                                |   |                                       |                          |                          |  |
| Atte  | utory Ag             | or an entity) a<br>(not a P.O. Box<br>agent:<br>gent Name (required)   | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              |                                     | NEW Statutory   |                                       |                          |                          |  |
| Atte  | utory Ag<br>ntion (o | or an entity) a<br>(not a P.O. Box<br>agent:<br>gent Name (required)   | nd <i>ph</i> y                                      | sicul o                | r stree                    | et address                              | Add                                 | NEW Statutory   |                                       |                          |                          |  |
| Add   | utory Ag<br>ntion (o | or an entity) a<br>(not a P.O. Box<br>agent:<br>gent Name (required)   | nd phy  | izona of               | r streethe NE              | et address                              | Add                                 | NEW Statutory sition (optional) ress 1 ress 2 (optional)  |                                       | (can be a                | P.O. Box):               |  |
| Atte  | utory Ag<br>ntion (o | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)   | nd phy<br>x) in An                                  | izona of               | r streethe NE              | et address<br>W statutory               | Add<br>Add<br>City                  | NEW Statutory sition (optional) ress 1 ress 2 (optional)  | / Agent                               | (can be a                | P.O. Box):               |  |
| Addi<br>Addi<br>City  | ntion (o             | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  ptional)  REQUIRED — th Amendment.   | nd phy<br>x) in An                                  | tate                   | zip                        | et address W statutory                  | Add<br>City<br>1002                 | NEW Statutory mition (optional) ress 1 ress 2 (optional) must be submitted alo  | ng with                               | State these Art          | P.O. Box):  Zip icles of |  |
| Add   | ntion (o             | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  ptional)  REQUIRED — th Amendment.   | nd phy<br>x) in An                                  | tate                   | zip                        | et address W statutory                  | Add<br>City<br>1002                 | NEW Statutory sition (optional) ress 1 ress 2 (optional)  | ng with                               | State these Art          | P.O. Box):  Zip icles of |  |
| Addi<br>Addi<br>City  | ntion (o             | or an entity) a (not a P.O. Box agent:  gent Name (required)  petional)  REQUIRED - th Amendment.  STATUTORY Acand/or 8.2:   | nd phy x) in An see Statu GENT A or stree () in Ari | tate ADDRES            | zip                        | eptance form I                          | Add<br>City<br>1002                 | NEW Statutory  sition (optional)  ress 1  ress 2 (optional)  must be submitted alo  | ng with                               | State these Art          | Zip ides of mplete 8.1   |  |
| Addi<br>Addi<br>City  | ress 1               | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  REQUIRED - th Amendment.  STATUTORY Ac and/or 8.2:  NEW physical (not a P. O. Box                  | nd phy x) in An see Statu GENT A or stree () in Ari | tate ADDRES            | zip                        | eptance form I                          | Add<br>City<br>1002                 | NEW Statutory  sition (optional)  ress 1  ress 2 (optional)  must be submitted alo  OF CURRENT STATUTO  8.2 NEW mailing                                     | ng with                               | State these Art          | Zip ides of mplete 8.1   |  |
| Add Add City  | 7.3                  | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  REQUIRED - th Amendment.  STATUTORY Ac and/or 8.2:  NEW physical (not a P. O. Box                  | nd phy x) in An see Statu GENT A or stree () in Ari | tate ADDRES            | zip                        | eptance form I                          | Add City                            | NEW Statutory  sition (optional)  ress 1  ress 2 (optional)  must be submitted alo  OF CURRENT STATUTO  8.2 NEW mailing                                     | ng with                               | State these Art          | Zip ides of mplete 8.1   |  |
| Addd City  8.   | 7.3                  | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  REQUIRED - th Amendment.  STATUTORY Ac and/or 8.2:  NEW physical (not a P. O. Box statutory agent. | nd phy x) in An see Statu GENT A or stree () in Ari | tate ADDRES            | zip                        | eptance form I                          | Add Crity MOO2                      | NEW Statutory  sition (optional)  ress 1  ress 2 (optional)  must be submitted alo  OF CURRENT STATUTO  8.2 NEW mailing  statutory agen                     | ng with                               | State these Art          | Zip ides of mplete 8.1   |  |
| Addi<br>Addi<br>City  | ress 1 7.3 8.1 ess 1 | or an entity) a (not a P.O. Box agent:  gent Name (required)  ptional)  REQUIRED - th Amendment.  STATUTORY Ac and/or 8.2:  NEW physical (not a P. O. Box statutory agent. | nd phy x) in An see Statu GENT A or stree () in Ari | tate ADDRES            | zip                        | eptance form I                          | Add City 1002                       | MEW Statutory  sition (optional)  ress 1  ress 2 (optional)  rmust be submitted alo  OF CURRENT STATUTO  8.2 NEW mailing  statutory agen  ention (optional) | ng with                               | State these Art          | Zip ides of mplete 8.1   |  |

| 9.           | Ш               | 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  |  |  |  |  |  |  |  |  |  |  |
|              | 9.7             | If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known   |  |  |  |  |  |  |  |  |  |  |
|              | *.2             | place of business of the LLC in Arizona:  |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
|              |                 | Attention (optional)  |  |  |  |  |  |  |  |  |  |  |
|              |                 | Address 1   |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
|              |                 | Address 2 (optional)  |  |  |  |  |  |  |  |  |  |  |
|              |                 | City State or Zip   |  |  |  |  |  |  |  |  |  |  |
|              |                 | Country   |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
| 10.          | <b>Ø</b> 1      | 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 - rnm/dd/yy)   |  |  |  |  |  |  |  |  |  |  |
|              |                 | The LLC's life period will end upon the occurrence of this event:   |  |  |  |  |  |  |  |  |  |  |
|              |                 | (describe an event)   |  |  |  |  |  |  |  |  |  |  |
|              |                 | (describe an event)   |  |  |  |  |  |  |  |  |  |  |
| 11.          | П               | 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).   |  |  |  |  |  |  |  |  |  |  |
|              |                 | Changing to a NON-PROFESSIONAL LEC (professional LEC Decoming a regular LEC).   |  |  |  |  |  |  |  |  |  |  |
| 12.          |                 | PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will   |  |  |  |  |  |  |  |  |  |  |
|              | _               | render:   |  |  |  |  |  |  |  |  |  |  |
|              |                 | <del></del>   |  |  |  |  |  |  |  |  |  |  |
| 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.  |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
| SIG          | NATL            |   |  |  |  |  |  |  |  |  |  |  |
|              |                 | together with any attachments is submitted in compliance with Arizona law.  |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
|              |                 |   |  |  |  |  |  |  |  |  |  |  |
| 47.          |                 | Paul R Coronado Jr. 08/29/2013  |  |  |  |  |  |  |  |  |  |  |
| _            | nature<br>DUIRE | Printed Name  Date (mm/dd/yy)  ED - check only one and fill in the corresponding blank if signing for an entity;  |  |  |  |  |  |  |  |  |  |  |
|              | This            | is a manager manager of 11C and 1 are cigning.  |  |  |  |  |  |  |  |  |  |  |
| ×            | .indi           | vidually as a manager or I am signing for an entity individually as a member or I am signing for an entity member named:  |  |  |  |  |  |  |  |  |  |  |
|              | Pa              | ul R Coronado Jr.   |  |  |  |  |  |  |  |  |  |  |
|              | -               |   |  |  |  |  |  |  |  |  |  |  |
| <b>E</b> i): | na Fe           | e: \$25.00 (regular processing)   Mail: Arizona Corporation Commission - Corporate Filings Section  |  |  |  |  |  |  |  |  |  |  |
| Ex           | pedite          | d processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007  |  |  |  |  |  |  |  |  |  |  |
| All          | fees a          | are nonrefundable - see Instructions. Fax: 602-542-4100  Jised 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  |  |  |  |  |  |  |  |  |  |  |
| 4. MORE 10.  | ond Maj         | Meet the visite initial terms and the management broadens referen as proming year busite is also contact for more with the water and the management of the court |  |  |  |  |  |  |  |  |  |  |

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.