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AZ Corp. Commission

DEC 1 8 2013

FILE NO. 2-1733487-1

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

			OF AMENDMENT Instructions <u>L015i</u>							
1. I	ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:									
	scend Capital Management, LLC									
-	I_1733487_1									
	2. A.C.C. FILE NUMBER: E17334871 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									
	CK THE BOX NEXT TO EACH									
COM	PLETE THE REQUESTED IN —	FORMATION I	FOR INAI CHANGE.							
3. [ENTITY NAME CHANGE - type	or print the exact	NEW name of the LLC in the sp	pace below:						
4. [e 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 the appropriate box. If more space			lank and give the address, and check ent for Members form L044.						
Varan	C. Patel									
	urrently shown in ACC records		Name currently shown in ACC records							
			Kunal Patel							
2200 E. Butler Avenue			NEW Name							
Address 1		Address 1								
			2200 E. Butler Avenue							
	2 (optional)	86004	Address 2 (optional)	AZ 86004						
Flagst City	211 State or	Zip	Flagstaff	State or ZID						
Caustan	UNITED STATES Province		UNITED STATES	Province						
Country Address change Add as 20% or more member				Add as 20% or more member						
Name change Add as less than 20% member			Name change Add as less than 20% member							
	Remove meml			Remove member						
Name c	urrently 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		City	State or Zip						
Commit	Province	 	Country	Province						
Country	_	r more member	Country Address change	Add as 20% or more member						
Address change Add as 20% or more member Name change Add as less than 20% member				Add as 20% or more member Add as less than 20% member						
╽┕┙╵	lame change Add as less the			Remove member						

<i>э.</i> Ц	IN A.C.C. RECORDS - lis that manager (new nam FOR NEW MANAGERS - appropriate box. If mo	t the name e and/or a in a separ	e of each ddress), rate bloc	manager being then check all b ck, list the name	chan oxes in th	ged, and that appl ie NEW N	below that p ly to indicate lame blank a	rovide the ch nd giv	any ne nange t e the a	ew informat eing made i ddress, and	ion for for that manager. check the
Name currently shown in ACC records					Nam	e currently	shown in ACC	record	s		
NEW Name					NEW	Name					
Address 1					Address 1						
, Addiess I					Address I						
Address 2 (optional)					Address 2 (optional)						
City	The state of the s	State Provin		Zip	City					State or Province	Zip
Country					Country						· · · · · · · · · · · · · · · ·
=	_ =	as mana	-		Address change						
L_ Ivan	ne change Ren	nove man	ager		. Ц	Name	change	<u> </u>	Kemo	ve manag	er
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.											
7.1 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:				7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):							
Statutory Ag	gent Name (required)				1						
Attention (optional)				Attention (optional)							
Address 1					Address 1						
Address 2 (d	optional)	г"	1		Add	ress 2 (op	Honal)			T	
City	optional)	State	Zip		City		uollarj			State	Zip
7.3	REQUIRED – the Stat Amendment.	utory Age	ent Acce	eptance form N			e submitted	dalon	g with		<u> </u>
`				·							
8.	STATUTORY AGENT and/or 8.2:	ADDRES	S CHAI	NGE – ADDRI	ESS	OF CUR	RENT STA	TUTC	RY A	GENT – 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 (optional)								
Address 1				Address 1							
Address 2(o	ptional)	Ι]		Ádo	ress 2 (op	tional)			<u> </u>	
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 ZIp Province
	Country
о. 📙	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)
2. 🗌	Changing to a PROFESSIONAL LLC – number 12 must also be completed. Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC). PROFESSIONAL SERVICES CHANGE – describe the NEW type of professional services the professional LLC will render:
3. 🗌	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. JRE: 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.
	✓ C L L
K.	aranfatel KARAN PATEL 12/13/13
Signature	Printed Name Date (mm/dd/yy)
EQUIR	ED – check only one and fill in the corresponding blank if signing for an entity:
indi لـــا	s is a manager-managed LLC and I am signing vidually as a manager or I am signing for an entity nager named: This is a member-managed LLC and I am signing for an entity member named:
Eilina Ca	ee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Sect
	set \$25.00 (regular processing) Anicola Corporation Commission - Corporate Hings Section - Corporate Hin

All fees 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.