JAN 1 6 2014



FILE NO. L-18855224

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

ARTICLES OF AMENDMENT Read the Instructions <u>L015i</u>										
ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:										
	BES	BEST DISCOUNT INTERLOCK, LLC								
	I 1885522 4									
2.	A.C.C. FILE NUMBER: L-1883322-4 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									
СН		THE BOX NEXT TO				***************************************			•	
		ETE THE REQUEST					E.			
3.										
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
4.	MEMBERS CHANGE (CHANGE IN MEMBERS) — <u>see 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.									
ZUI	LK E	NTERPRISES								
Nam	e currer	ntly shown in ACC records			Name o	urrently shown in ACC	records			
NEW	Name				NEW Na	ime				
NEW Name 6709 MEADOWLAARK CT										
Addı	ess 1				Address	1				
Addi	ess 2 (c	optional)	<u> </u>	1	Address 2 (optional)					
		AKES	MN	55038	7,00,00	, z (optional)				
City	ſ	UNITED STATES	State or Province	Zip	City			State or Province	Zip	
Cour	ntry				Country	, ,				
Address change Add as 20% or more member					Address change Add as 20% or more member					
Ш	Name change Add as less than 20% member					lame change		s less than 2	0% member	
✓ Remove member							∐ Remo	ove member		
Name currently shown in ACC records					Name currently shown in ACC records					
		AS HAUGE			NICIAL AL-	NÉW Name				
NEW Name 8755 136TH CT NORTH						NEW				
Address 1					Address	Address 1				
Δddı	ess 2 (n	optional)	T	Ι	Address	s 2 (optional)			<u> </u>	
	GO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MN	55038		, a fobasay				
City		UNITED STATES	State or Province	Zip	City			State or Province	Zip	
Cour	ıtry	,			Country	,				
Address change						Address change Add as 20% or more member				
	Name change Add as less than 20% member				☐ Name change ☐ Add as less than 20% member					
Remove member					Remove member					

5. 📋	FOR NEW MANAGERS - in	and/or aden a separa	dress), then check all b i te block, list the name	changed, and below that poxes that apply to indicate in the NEW Name blank attach the Amendment Atta	the change and give the a	being made i address, and	check the	
Name curr	ently shown in ACC records			Name currently shown in ACC records				
NEW Name	2			NEW Name				
Address 1				Address 1				
Address 2	(optional)			Address 2 (optional)				
City		State of		City State or Zip Province			Zip	
Country				Country				
l	dress change	as manac	ior		□ vqq	ac manage	ar.	
_		ove mana		Address change Add as manager Name change Remove manager				
Nai	ine change	ove mana	igei	Name change	Keiii	OVE Manay	JEI	
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. STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i: 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								
7.1	or an entity) and ph (not a P.O. Box) in A	ysical or	an be an individual		L – mailing	address in		
	or an entity) and ph	ysical or	an be an individual		L – mailing	address in		
	or an entity) and ph (not a P.O. Box) in A agent:	ysical or	an be an individual		L – mailing	address in		
Statutory A	or an entity) and ph (not a P.O. Box) in A agent:	ysical or	an be an individual	NEW Star	L – mailing	address in		
Statutory A	or an entity) and ph (not a P.O. Box) in A agent: agent Name (required)	ysical or	an be an individual	NEW Star	L – mailing	address in		
Statutory A Attention (c	or an entity) and ph (not a P.O. Box) in A agent: gent Name (required) optional)	ysical or	an be an individual	NEW Stal Attention (optional) Address 1	L – mailing	address in		
Statutory A Attention (d Address 1	or an entity) and ph (not a P.O. Box) in A agent: gent Name (required) optional)	ysical or rizona of t	an be an individual street address the NEW statutory	NEW State Attention (optional) Address 1 Address 2 (optional)	L – mailing tutory Agen	address in t (can be a	P.O. Box):	
Statutory A Attention (d Address 1 Address 2 (or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) Optional) (optional) REQUIRED - the Stat Amendment.	ysical or rizona of t rizona of t State	zan be an individual street address the NEW statutory zip nt Acceptance form	NEW Star Attention (optional) Address 1 Address 2 (optional) City	L – mailing tutory Agen	address in t (can be a State h these Art	Zip	
Attention (c Address 1 Address 2 (City 7.3	or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) optional) (optional) REQUIRED – the Stat Amendment. STATUTORY AGENT and/or 8.2:	state utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted ESS OF CURRENT STA	L - mailing tutory Agen	State h these Art	Zip ticles of complete 8.1	
Attention (d Address 1 Address 2 (City 7.3	or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) optional) (optional) (aptional) STATUTORY AGENT and/or 8.2: NEW physical or str (not a P. O. Box) in Ai	state utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted ESS OF CURRENT STA	L - mailing tutory Agen	State h these Art	Zip ticles of complete 8.1	
Attention (d Address 1 Address 2 (City 7.3	or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) optional) (optional) (optional) STATUTORY AGENT and/or 8.2: NEW physical or str (not a P. O. Box) in Ar statutory agent:	state utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted ESS OF CURRENT STA	L - mailing tutory Agen	State h these Art	Zip ticles of complete 8.1	
Attention (continued and the state of the st	or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) optional) (optional) (optional) STATUTORY AGENT and/or 8.2: NEW physical or str (not a P. O. Box) in Ar statutory agent:	state utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City M002 must be submitted ESS OF CURRENT STA	L - mailing tutory Agen	State h these Art	Zip ticles of complete 8.1	
Attention (control of the state	or an entity) and ph (not a P.O. Box) in A agent: Agent Name (required) optional) (optional) (optional) STATUTORY AGENT and/or 8.2: NEW physical or sta (not a P. O. Box) in Ai statutory agent: optional)	state utory Age	zip nt Acceptance form	Attention (optional) Address 1 Address 2 (optional) City MO02 must be submitted 8.2 NEW mastatutory Attention (optional)	L - mailing tutory Agen	State h these Art	Zip ticles of complete 8.1	

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		you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known lace of business of the LLC in Arizona:								
			Attention (optional)								
			Address 1								
			Address 2 (opt	lonal)							
			City			State or	Zip	·			
			Country			Province	·				
10.		DURA	ATION CHAI	IGE – check one to indicate the	NEW du	ration or life per	riod of the LLC:				
			Perpetual								
				fe period will end on this date: _			nter a date – mm/dd/yy)				
			The LLC's li	fe period will end upon the occurr	ence of t	this event :					
							(des	cribe an event)			
11.		ENTI	TY TYPE CH	IANGE - if changing entity type,	check o	ne and follow in	structions:				
	_										
		片		o a PROFESSIONAL LLC – number o a NON-PROFESSIONAL LLC (pro							
		ш	Changing 6	a NON-PROFESSIONAL LEC (pro	1633101181	LEC Decoming a	regular LLC).				
12.	PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will render:										
13.				IENT - if an amendment was ma				this form, then			
		you	must attach	to these Articles of Amendment a	complet	e copy of the LL	C's written amendment.				
SIG	NATU	JRE:		ng the box marked "I accept" belowith any attachments is submitted				nis document			
	☑ I ACCEPT										
BRANDON LIETZ						01/16/2014					
	nature *	:D	chack only a		d Name	ning for an anti-		Date (mm/dd/yy)			
KEŲ				ne and fill in the corresponding bla	ank if sig			am signing			
	indi	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:					
						BRANDON I	LIETZ				
											

Filing Fee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions. 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100 Fax:

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.