

MAY 01 2014

APR 18 2014

FILE NO. L-18547164

FILE NO. L-1854716-4

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

ARTICLES OF AMENDMENT
Read the Instructions L015i

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

Integrated Land Solutions, LLC

2. **A.C.C. FILE NUMBER:** L-1854716-4

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>

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 Instructions L015i* – 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 Amendment Attachment for Members form L044.

Dennis Lynch			Kristian Hill		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
840 E. SOUTHERN AVE #3			2144 N. AVOCADO		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Mesa		AZ	Mesa		AZ
City		85204	City		85207
United States		State or Province	United States		State or Province
Country			Country		
<input checked="" type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member	<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member
<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member	<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member
		<input type="checkbox"/> Remove member			<input checked="" type="checkbox"/> Remove member
Name currently 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 Province	City		State or Province
Country			Country		
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member	<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member
<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member	<input type="checkbox"/> Name change		<input type="checkbox"/> Add as less than 20% member
		<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member

5. ☒ **MANAGERS CHANGE (CHANGE IN MANAGERS)** – Use one block per person - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – 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 Amendment Attachment for Managers form L043.

Kristian Hill			Name currently shown in ACC records		
NEW Name			NEW Name		
2144 N. AVOCOA			Address 1		
Address 1			Address 1		
Address 2 (optional)		City	Address 2 (optional)		City
Mesa		United States			
State or Province		Zip	State or Province		Zip
AZ		85207			
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as manager <input checked="" type="checkbox"/> Remove manager			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as manager <input type="checkbox"/> Remove manager		

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. ☐ **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 agent:			7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name (required)			Attention (optional)		
Attention (optional)			Address 1		
Address 1			Address 2 (optional)		
Address 2 (optional)		City	Address 2 (optional)		City
State		Zip	State		Zip
AZ		85207			
7.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

8. ☒ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

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):		
Dennis Lynch			Dennis Lynch		
Attention (optional)			Attention (optional)		
577 E. Baseline Road #203A			840 E. Southurn Ave #3		
Address 1			Address 1		
Address 2 (optional)		City	Address 2 (optional)		City
Mesa		United States	Mesa		United States
State or Province		Zip	State or Province		Zip
AZ		85283	AZ		85204

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 Province	Zip
Country		

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).

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 you must attach to these Articles of Amendment a complete copy of the LLC's written 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.


Signature

☒ I ACCEPT

Dennis Lynch
Printed Name

04.30.2014
Date (mm/dd/yy)

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

<input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: <div></div>	<input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named: <div></div>
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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) 800-345-5819.

COMMISSIONERS
BOB STUMP - Chairman
GARY PIERCE
BRENDA BURNS
BOB BURNS
SUSAN BITTER SMITH



ARIZONA CORPORATION COMMISSION

JODI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

INTEGRATED LAND SOLUTIONS, LLC
ASHLEY BRESLIN
840 E SOUTHERN AVE
#3
MESA, AZ 85204

Effective Date: 04/25/2014
File No: L-1854716-4

Thank you for delivering documents for filing with the Arizona Corporation Commission. Unfortunately, we are returning the enclosed document regarding the above-referenced corporation/limited liability company. The document is not in compliance for the following reasons:

The filing fee has been deposited.

Documents submitted were incomplete. Articles of Amendment page (2 of 3) and (3 of 3) were not submitted. Please complete and resubmit.

The Attachment is only required if more additional space is needed. The attachment must correspond to the LLC's management structure.

*****IMPORTANT*****
Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Limited Liability Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division:

1. A copy of this letter and the rejected document.
2. The corrected document accompanied by any additional paperwork or filing fees, as requested within this letter.

If you have any questions, please feel free to contact the Customer

Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO WWW.AZCC.GOV/DIVISIONS/CORPORATIONS, THEN CLICK ON THE LINK TO SEARCH FOR YOUR ENTITY. ON YOUR ENTITY'S PAGE, CLICK ON THE BUTTON FOR "SUBSCRIBE TO ANNUAL REPORT EMAIL REMINDER." IF YOU CHOOSE NOT TO SUBSCRIBE YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

RECEIVED

APR 18 2014

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT ARIZONA CORR COMMISSION
CORPORATIONS DIVISION

ARE YOU FILING: ☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: Integrated Land solutions, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	\$100.00	\$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	\$ 80.00	\$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	\$ 40.00	\$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Application For Authority (Business)	\$175.00	\$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	\$175.00	\$210.00
<input type="checkbox"/> Application for New Authority	\$175.00	\$210.00
<input type="checkbox"/> Application for Registration	\$150.00	\$185.00
<input checked="" type="checkbox"/> Articles of Amendment	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Correction	\$ 25.00	\$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	\$100.00	\$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	\$ 50.00	\$ 85.00
<input type="checkbox"/> Affidavit of Publication	\$ 0.00	\$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☐ Check Check # _____ Check Amount \$ _____
☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
☐ Cash – for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
☐ Credit Card – for in-person filings only CC Amount \$ _____
☐ No fee required

REQUIRED - SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☒ Pick Up ☐ Fax # () _____

☐ E-mail: ashley@bluemarblelandscape.com

For Mail or Pick Up - Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK).

Person or Company Name:

Phone Number:

Ashley Breslin

480 895 2684

Address:

840 East Southern Ave #3

City:

State:

Zip

Mesa

Arizona

85204

PICK-UP BY: _____

FOR ARIZONA CORPORATION COMMISSION USE ONLY

DATE: _____

View current process times at: www.azcc.gov/Divisions/Corporations

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ARTICLES OF AMENDMENT

Read the Instructions L015I

1. **ENTITY NAME** - give the exact name of the LLC as currently shown in A.C.C. records:

Integrated Land Solutions, LLC

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Dennis Lynch <small>Name currently shown in ACC records</small>			Kristian Hill <small>Name currently shown in ACC records</small>		
NEW Name 840 E. Southern Ave #3 <small>Address 1</small>			NEW Name 2144 N. AVACA <small>Address 1</small>		
<small>Address 2 (optional)</small> Mesa <small>City</small>	AZ <small>State or Province</small>	85204 <small>Zip</small>	<small>Address 2 (optional)</small> Mesa <small>City</small>	AZ <small>State or Province</small>	85207 <small>Zip</small>
<small>Country</small> United States			<small>Country</small> United States		
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member		
<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member			<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member		
<small>Name currently shown in ACC records</small>			<small>Name currently shown in ACC records</small>		
<small>NEW Name</small>			<small>NEW Name</small>		
<small>Address 1</small>			<small>Address 1</small>		
<small>Address 2 (optional)</small>			<small>Address 2 (optional)</small>		
<small>City</small>	<small>State or Province</small>	<small>Zip</small>	<small>City</small>	<small>State or Province</small>	<small>Zip</small>
<small>Country</small>			<small>Country</small>		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		
<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member			<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member		

MANAGER STRUCTURE ATTACHMENT

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

Integrated Land Solutions, LLC

2. **A.C.C. FILE NUMBER** (if known): L-1854716-4

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>

3. **MANAGERS / MEMBERS** – give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Use one block per person. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - do not check both member boxes. If more space is needed, use another Manager Structure Attachment form.

1. <u>Dennis Lynch</u> <small>Name</small>				2. <u>Armando Perez</u> <small>Name</small>			
<u>940 E. Southern Ave #3</u> <small>Address 1</small>				<u>25 East Morelos Street</u> <small>Address 1</small>			
<u>Mesa</u> <small>City</small>		<u>AZ</u> <small>State or Province</small>	<u>85204</u> <small>Zip</small>	<u>Chandler</u> <small>City</small>		<u>AZ</u> <small>State or Province</small>	<u>85225</u> <small>Zip</small>
<u>United States</u> <small>Country</small>				<u>United States</u> <small>Country</small>			
<input type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			
3. <small>Name</small>				4. <small>Name</small>			
<small>Address 1</small>				<small>Address 1</small>			
<small>Address 2 (optional)</small>				<small>Address 2 (optional)</small>			
<small>City</small>		<small>State or Province</small>	<small>Zip</small>	<small>City</small>		<small>State or Province</small>	<small>Zip</small>
<small>Country</small>				<small>Country</small>			
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			
5. <small>Name</small>				6. <small>Name</small>			
<small>Address 1</small>				<small>Address 1</small>			
<small>Address 2 (optional)</small>				<small>Address 2 (optional)</small>			
<small>City</small>		<small>State or Province</small>	<small>Zip</small>	<small>City</small>		<small>State or Province</small>	<small>Zip</small>
<small>Country</small>				<small>Country</small>			
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			

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Type in Corp/LLC Name: Integrated Land Solutions, LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
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<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input checked="" type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Regular Fee	<input type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☐ Check Check # _____ Check Amount \$ _____
☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
☐ Cash -- for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
☐ Credit Card -- for in-person filings only CC Amount \$ _____
☐ No fee required

REQUIRED - SELECT ONE RETURN DELIVERY OPTION: ☐ Mail ☐ Pick Up ☐ Fax # () _____

☒ E-mail: ashley@bluemarblelandscape.com

For Mail or Pick Up - Please list the person or company who will be picking up the completed documents.

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Person or Company Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY: _____	DATE: _____

View current process times at: www.azcc.gov/Divisions/Corporations

