

**AZ CORPORATION COMMISSION
FILED**

JUL 08 2014

FILE NO. L-1820325-6

AZ Corp. Commission



04659088

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:

Kachina Controls LLC

2. **A.C.C. FILE NUMBER:** L-1820325-6

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.

Donald C Hughes							
Name currently shown in ACC records				Name currently shown in ACC records Donald & Patti Hughes Family Revocable Trust c/u/a/d 4/28/2014, as amended			
NEW Name 4361 N Palisade Dr				NEW Name 4361 N Palisade Dr			
Address 1				Address 1			
Address 2 (optional) Tucson		AZ	85749	Address 2 (optional) Tucson		AZ	85749
City	UNITED STATES	State or Province	Zip	City	UNITED STATES	State or Province	Zip
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change		<input checked="" 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 checked="" type="checkbox"/> Remove member				<input type="checkbox"/> Remove member			
Patti R Hughes							
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name 4361 N Palisade Dr				NEW Name			
Address 1				Address 1			
Address 2 (optional) Tucson		AZ	85749	Address 2 (optional)			
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
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 checked="" type="checkbox"/> Remove member				<input type="checkbox"/> Remove member			

10/1/84

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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.

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	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	<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. <input type="checkbox"/> 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	State	Zip	City	State	Zip
7.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

8. <input type="checkbox"/> 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):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
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 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.

☒ I ACCEPT

Signature Donald C. Hughes

Printed Name Donald C. Hughes, Manager

Date (mm/dd/yy) 7/7/14

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 : _____	<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 : _____
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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.

CORPORATIONS DIVISION
SOUTHERN ARIZONA OFFICE
400 West Congress
Tucson, Arizona 85701-1347

User Id: ajose
Invoice No.: 4527776

Check Batch:
Invoice Date: 07/09/2014
Date Received: 07/09/2014
Customer No.: 001974

ATTN: TINA OTT
GADARIAN & CACY, PLLC
2200 E RIVER RD
123
TUCSON AZ 85718-

Quantity	Description	Amount
1	ART OF AMEND	\$25.00
	L-1820325-6 KACHINA CONTROLS LLC	
1	EXPEDITE	\$35.00
	L-1820325-6 KACHINA CONTROLS LLC	
Total Documents: \$		60.00
MOD		\$60.00
PAYMENT		
Balance Due: \$		0.00

Your Customer Balance is \$1,378.00

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

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

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: Kachina Controls LLC

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<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 checked="" 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!

<input type="checkbox"/> Check	Check # _____	Check Amount \$ _____
<input checked="" type="checkbox"/> M.O.D. Account	MOD Acct # <u>1974</u>	Mod Amount \$ _____
<input type="checkbox"/> Cash		Cash Amount \$ _____
<input type="checkbox"/> Credit Card -- for in-person filings only		CC Amount \$ _____
<input type="checkbox"/> No fee required		

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

REQUIRED: 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 TWO WEEKS).

Person or Company Name:	Phone Number:
<u>MK CONSULTANTS, INC.</u>	<u>623-434-5560</u>

Address:
One West Deer Valley Road, Suite 103

City:	State:	Zip:
<u>Phoenix</u>	<u>Arizona</u>	<u>85027</u>

FOR ARIZONA CORPORATION COMMISSION USE ONLY	
PICK-UP BY: _____	DATE: <u>JUL 08 2014</u>

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

RECEIVED
ARIZONA CORP COMMISSION
CORPORATIONS DIVISION



MK Consultants, Inc.

Pick-Up Runner/ProcessService

Please call 623-434-5560

CUSTOMER INFORMATION

Firm Name: **GADARIAN & CACY, P.L.L.C.**

Phone: **520-529-2242**

Attorney : **Gregory V. Gadarian**

Paralegal: **Debbie**

LLC Name: [REDACTED]

Client: [REDACTED]

Plaintiff:

Defendant:

Date: **July 8, 2014**

COURT/FILING CENTER/DROP-OFF LOCATION

Court: ☐ Superior
☐ Bankruptcy
☐ District
☐ Court of Appeals
☐ Justice Precinct
☐ Probate

[REDACTED]
☐ Records Office
☐ Other: _____

DOCUMENTS

Description: _____

INSTRUCTIONS

☐ Serve As Per Summons
☐ Serve As Per Subpoena

☐ Deliver to Judge
☐ Judge's Signature Required
☐ Record
☐ Index Research
☐ Rush! Serve By _____

☐ SASE Attached
(Clerk will return conformed copies)

INSTRUCTIONS AND ADDRESS(ES) FOR SERVICE

INSTRUCTIONS TO RECIPIENT

Please Mark If: ☐ Check for Fee(s) Included

There will be a \$.50 charge per page for insufficient copies.

RECEIVED
JUL 08 2014
ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

TUCSON

PICK-UP

