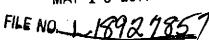
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			DO NOT W	KILE ABOVE 1HT2	LINE; KESE	KVED FOR ACC USE	UNLT.				
			AR'	TICLES (Read the I		IENDMEN ions <u>L015i</u>	Т				
1.	ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:										
	ABC, LLC										
2.	A.C.C. FILE N	IMRED: L-18	92785-7								
۷.	Find the A.C.C. fi	e number on the	upper corner o	of filed documen	ents OR on our website at: http://www.azcc.gov/Divisions/Corporations						
	ECK THE BO MPLETE THE						E.				
3.	ENTITY I	NAME CHANG	E – type or pi	rint the exact	NEW nar	ne of the LLC ir	the space	below:			
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.										
ΔNI	DREW BARBO	NI IR									
	e currently shown in A				Name currently shown in ACC records						
NEW Name					NEW Name						
4520 N. Scenic Mountain Drive											
Addr	ess 1				Address	1					
Addr	ess 2 (optional)		A 7		Address	2 (optional)					
Tuc	son		AZ State or	85750	City			State or	Zip		
City	UNITED STATES Province							Province			
Coun	itry				Country						
						idress change	_	as 20% or m			
╽⊔	Name change					Name change Add as less than 20% member Remove member					
		Remov	e member				Remo	ove member			
									_		
Nam	e currently shown in A	CC records	<u> </u>		Name currently shown in ACC records						
NEW Name					NEW Name						
Address 1					Address 1						
Addr	ess 2 (optional)	<u></u>			Address	2 (optional)					
City			State or Province	Zip	City			State or Province	Zlp		
Cour	Address change Name change	Add as	s 20% or more			ddress change ame change	☐ Add a	as 20% or m as less than 2	20% member		

IN A.C.C. RECORDS - lis that manager (new nam FOR NEW MANAGERS -	t the name of e e and/or addre in a separate	ach manager being ss), then check all b block, list the name	 Use one block per persor changed, and below that provoxes that apply to indicate the in the NEW Name blank and ttach the <u>Amendment Attachn</u> 	ride any new informa e change being made give the address, an	ation for e for that manager. ad check the		
ANDREW BARBOUR							
Name currently shown in ACC records			Name currently shown in ACC records				
NEW Name			NEW Name				
4520 N. Scenic Mountain Dri	Va.		NEW Notice				
Address 1	···		Address 1				
Address 2 (optional)	1.5		Address 2 (optional)				
Tucson	AZ	85750					
City	State or Province	Zip	City	State or Province	Zip		
Country			Country				
			Address change	7 Add ac manac	102		
	as manager						
Name change	nove manage	Г	Name change	Remove mana	iger 		
	CHANGE – l	NEW AGENT		ctions L015i: mailing address i			
(not a P.O. Box) in A agent: Statutory Agent Name (required)	Arizona of the	NEW statutory					
Attention (optional)			Attention (optional)				
Address 1			Address 1				
Address 2 (optional)	1 1		Address 2 (optional)				
City	State Zi	D	City	State	Zip		
			M002 must be submitted a				
8. STATUTORY AGENT and/or 8.2: 8.1 NEW physical or st				ng address in Ari:	zona of the existing		
(not a P. O. Box) in A statutory agent:	Arizona of the	existing	statutory ag	ent (can be a P.O	. Box):		
Attention (optional)			Attention (optional)				
4520 N. Scenic Mountain Dri	va		4520 N. Scenic Mountain Drive				
Address 1	ve		Address 1	um Diive			
Address 2(optional)	102 102	750	Address 2 (optional)	A 77	185750		
City Tucson	AZ 85		City Tucson	AZ State	Zip		
	- LOIC 4	_					

9. 🗹 AF	RIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:								
9.1 Is	e NEW Arizona known place of business address the same as the street address of the statutory agent?								
[v	Yes - go to number 10 and continue								
Ī	No - go to number 9.2 and continue								
	u answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known of business of the LLC in Arizona:								
	Attention (optional)								
	Address 1								
	Address 2 (optional)								
	City State or Zip								
	Country								
). <u> </u> DUF - -	RATION 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:								
L									
	(describe an event)								
L. EN1	TITY TYPE CHANGE - if changing entity type, check one and follow instructions:								
<u>_</u>	Changing to a PROFESSIONAL LLC – number 12 must also be completed.								
L	Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).								
_	OFESSIONAL SERVICES CHANGE – describe the NEW type of professional services the professional LLC will nder:								
_	HER AMENDMENT — if an amendment was made that was not addressed by the check boxes on this form, then ou must attach to these Articles of Amendment a complete copy of the LLC's written amendment.								
GNATURE	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								
1									
iogature	ANDREW BARBOUR 5 //4/74000								
EQUIRED -	- check only one and fill in the corresponding blank if signing for an entity:								
즈 in d ividu	a manager-managed LLC and I am signing pally as a manager or I am signing for an entity per named: This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:								
xpedited p	\$25.00 (regular processing)								
	I 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.