AZ CORPORATION COMMISSION FILED

AZ Corp. Commission

OCT 1 4 2014

FILE NO P 1294385-0

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

			AR	TICLES (Read the)		ENDMEN' ons <u>L015i</u>	T			
1.	ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:									
	CH	CHRISTINA R. TALLEY, CPA, PLLC								
2.	. A.C.C. FILE NUMBER: P-1294385-0							•		
	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								s/Corporations	
		THE BOX NEXT : ETE THE REQUES	<u> </u>				E.			
3.		ENTITY NAME CHAI	NGE – type or p	rint the exact	NEW nam	e of the LLC in	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.									
CHR	USTI	NA R TALLEY								
		ntly shown in ACC records			Name currently shown in ACC records					
NEW	Name				NEW Name					
		OODLANDS VILL	AGE BLVD S	TE B	1.00					
Addre					Address 1					
	•	ptional)		T	Address 2 (optional)					
FLA City	<u>.GST</u>	AFF	AZ State or	86001	City			- State or	Zip	
aty			Province	Zip	City			Province	Zip	
Count	·					Country Add as 20% or more member Name change Add as less than 20% member Remove member				
Name	Name currently shown in ACC records					Name currently shown in ACC records				
NEW	NEW Name					NEW Name				
Addre	Address 1					Address 1				
Addre	ess 2 (d	ptional)			Address 2	(optional)				
City	ln/		State or Province	Zip	City			State or Province	Zip	
	Addr		as 20% or mor		Country Address change Add as 20% or more member				İ	
	Nam	·	as less than 20 nove member	% member	Na	me change		as less than 2 ove member	20% member	
		Ren	nove member		Ì		L Rem	ove member		

ъ. _П	IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS -	it the name le and/or ac in a separ	of each manager being ddress), then check all ate block, list the nam	changed, and boxes that app ie in the NEW N	lock per person - FOR M. I below that provide any ne bly to indicate the change to Name blank and give the a endment Attachment for M	ew informat eing made ddress, and	ion for for that manager. check the		
			<u>·</u>						
Name currently shown in ACC records					Name currently shown in ACC records				
NEW Name				NEW Name					
Address 1				Address 1					
Address 2 (d	optional)			Address 2 (opt	tional)				
City [State of Province		City _		State or Province	Zip		
Country		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Country	<u> </u>				
==	·	l as manaç nove man	-	Address change Add as manager Name change Remove manager					
6.	instructions: CHANGING TO / form L040. The	MANAGER- filing will MEMBER-N	-MANAGED LLC – co be rejected if it is so	mplete and a ubmitted with plete and att	i – check only one box ttach the <u>Manager Stru</u> hout the attachment. tach the <u>Member Struct</u> chment.	icture Atta	chment		
7. 7.1		e name (d lysical o	can be an individual r street address	7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):					
	INA TALLEY ent Name (required)								
Attention (op	tional) /OODLANDS VILL	AGE DI	VD STE D	Attention (optional)					
Address 1	OODLANDS VILL	AOE BL	VDSIEB	Address 1					
Address 2 (or	•	AZ	86001	Address 2 (op	otional)				
7.3		State tutory Age	Zip ent Acceptance form	M002 must b	pe submitted along with	<u> State</u> these Art	icles of		
8. 🗌	STATUTORY AGENT and/or 8.2:	ADDRES	S CHANGE – ADDR	ESS OF CUF	RRENT STATUTORY A	GENT – co	omplete 8.1		
8.1	NEW physical or st. (not a P. O. Box) in A statutory agent:			8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):					
Attention (op	tional)	<u> </u>		Attention (optional)					
Address 1				Address 1					
Address 2(op	tional)			Address 2 (or	otional)	<u> </u>			
City		State	Zip	City		State	Zip		

[. [9.2 If	s the NEW Arizona known place of business addres Yes - go to number 10 and continue No - go to number 9.2 and continue f you answered "No" to number 9.1, give the NEW lace of business of the LLC in Arizona: Attention (optional)		, -
9.2 If	No - go to number 9.2 and continue f you answered "No" to number 9.1, give the NEW lace of business of the LLC in Arizona: Attention (optional)	/ physical or street a	address (not a P.O. Box) of the known
	No - go to number 9.2 and continue f you answered "No" to number 9.1, give the NEW lace of business of the LLC in Arizona: Attention (optional)	/ physical or street a	address (not a P.O. Box) of the known
	f you answered "No" to number 9.1, give the NEW lace of business of the LLC in Arizona: Attention (optional)	/ physical or street a	address (not a P.O. Box) of the known
	Attention (optional)	/ physical or street a	ddress (not a P.O. Box) of the known
	Address 1		
	Address 2 (optional)		
	City	State or	Zip
	Country	Province	i
	Country	·	
o. 🗸 pui	RATION CHANGE - check one to indicate the	NEW duration or life or	eriod of the LLC:
_	✓ Perpetual	,	
[<u>]</u>		,	amban a data
L	The LLC's life period will end on this date :		enter a date – mm/dd/yy)
L	The LLC's life period will end upon the occurre	nce of this event :	
			(describe an event)
	Changing to a NON-PROFESSIONAL LLC (profe ROFESSIONAL SERVICES CHANGE - describe tender:	•	
	FHER AMENDMENT – if an amendment was made ou must attach to these Articles of Amendment a decept at the control of the control	complete copy of the L w, I acknowledge <i>unde</i>	LC's written amendment. er penalty of perjury that this document
	. 🖂	I ACCEPT	
11-			با الم
(Mus	trie Tulley CHR	LISTINA TALLEY	8/27/14
FOUTRED .	- check only one and fill in the corresponding black		itv:
This is	a manager-managed LLC and I am signing lually as a manager or I am signing for an entity ger named:	This is a men	ber-managed LLC and I am signing a member or I am signing for an entity
1			

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.

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

STATUTORY AGENT ACCEPTANCE

	Please read Instructions MOO2I							
1.	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation): CHRISTINA R. TALLEY, CPA, PLLC							
_	P-1294385-0							
2. A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ): P-1294385-0 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporation								
3.	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:							
	CHRISTINA TALLEY							
STA	ATUTORY AGENT SIGNATURE:							
	By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.							
	The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.							
,	$\mathcal{A} = 1$. $\mathcal{A}_{\mathcal{A}}$							
	huntria Jalley CHRISTINA TALLEY 8/27/14							
Sigr	Printed Name Date							
RE	QUIRED - check only one:							
	Individual as statutory agent: I am signing on behalf of myself as the individual behalf of the entity named as statutory agent, and I am authorized to act for that entity.							
Exp	ng Fee: none (regular processing) pedited processing – (available only if this form is bmitted by itself) add \$35.00 to filing fee. fees are nonrefundable – see Instructions. Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100							

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