MAR 1 8 2015

## FILE NO. L. 1884573.0

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY. ARTICLES OF AMENDMENT Read the Instructions L015i **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records: WORKADO, LLC L-1884573-0 A.C.C. FILE NUMBER: 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. ENTITY NAME CHANGE - type or print the exact NEW name of the LLC in the space below: 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. MICHAEL HKAM Name currently shown in ACC records Name currently shown in ACC records **NEW Name NEW Name** 10632 N SCOTTSDALE RD #B-535 Address 1 Address 1 Address 2 (optional) Address 2 (optional) AZ85254 **SCOTTSDALE** State or City State or Zio City UNITED STATES Country Country Address change Add as 20% or more member 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 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 ŽIp State or Žip Province Province Country Country Address change Add as 20% or more member Address change Add as 20% or more member Add as less than 20% member Add as less than 20% member Name change Name change

Remove member

Remove member

5.		MANAGERS CHANG IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS - lappropriate box. If more	the name e and/or ac in a separ	of each ddress), i	manager being then check all being the check a	chang oxes in th	ged, and below that pr that apply to indicate e NEW Name blank ar	ovide the ch nd alv	any ne ange b e the a	ew information in the second contract of the	on for or that manager. check the
											į
Name currently shown in ACC records							e currently shown in ACC	record	<b>s</b>		
NE	W Name	1				NEW	Name				
Ado	ress 1					Addr	ess 1				
Add	iress 2 (	(optional)				Addn	ess 2 (optional)			-	
City	,		State of Province		Zip	City		,		State or Province	Zip
Cou	intry					Coun	try				
╽┖	Add	iress change 🔲 Add	as mana	ger	ł		Address change		Add a	s manager	·
	Nan	ne change 🔲 Ren	ove man	ager			Name change		Remo	ove manage	er
7.	7.1	form L040. The CHANGING TO A The filing will be	fANAGER filing will fEMBER-N rejected CHANGE e name ( ysical o	-MANAGE If it is s - NET can be a	GED LLC — competed if it is suited if it is suited. The compubmitted with was an individual taddress	nplet bmit olete out t	e and attach the Marked without the attach and attach the Mer the attachment.  DINTED - see Institution of the Action of the Act	anage ichmi nber ructio	er Struct Struct ons LO	ucture Attachi ure Attachi	thment ment form L041.  Arizona of
Stat	utory A	gent Name (required)									
Attention (optional)					Attention (optional)						
Add	ress 1		·			Add	ress 1				
Add	ress 2 (d	optional)				Add	ress 2 (optional)		· · · -		<del> </del>
City			State	Zip		City				State	Zip
	7.3	REQUIRED - the <u>Stat</u> Amendment.	utory Age	ent Acce	eptance form N	4002	must be submitted	alor	ig with	these Arti	cles of
8.		STATUTORY AGENT and/or 8.2:	ADDRES	S CHAI	NGE – ADDRI	ESS (	OF CURRENT STA	TUTO	RY A	GENT - co	mplete 8.1
	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):					
Asi-		antional)	<del></del>			A 14	otion (authors)				
Attention (optional)						Attention (optional)					
						6.3.	1				,
Add	ntion (o ress 1	peonery	····			Add	ress 1				
	ress 1	optional)					ress 2 (optional)				,

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?									
	No - go to number 9.2 and continue									
9.2	If you answered "No" to number 9.1, give the place of business of the LLC in Arizona:	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 III Arizona.									
	Attention (optional)									
	Address 1									
	Address 2 (optional)									
	City		State or	Zip						
	City		Province	- The state of the						
	Country									
10.	<b>DURATION CHANGE</b> - check one to indicate	the <b>NEW</b> dur	ation or life peri	od of the LLC:						
	Perpetual		·							
	The LLC's life period will end on this date	••	/en	ter a date – mm/dd/vv)						
	The LLC's life period will end upon the oc			ter a date minydd, yy						
	The cac sine period will end apost the oc	carrence or a	iis event.	(4						
	· ·			(describe an event)						
11.	ENTITY TYPE CHANGE - if changing entity t	vne checkion	e and follow ins	tructions:						
	<u> </u>									
	Changing to a PROFESSIONAL LLC – num		•							
	Changing to a NON-PROFESSIONAL LLC	(proressional	LLC becoming a	regular LLC).						
12. 🔲	PROFESSIONAL SERVICES CHANGE - desc	ribe the NEW	type of profess	ional services the professional LLC will						
	render:									
13. 🔲	OTHER AMENDMENT - if an amendment was	s made that w	ras not addresse	ed by the check boxes on this form, then						
	you must attach to these Articles of Amendme	nt a complete	copy of the LLC	C's written amendment.						
SIGNAT	URE: By checking the box marked "I accept"	balaw I sake	seuladas vadas	nonally of noniver that this document						
STOWN	together with any attachments is subm									
•	·									
/	/	I ACCEP	т							
J.s		ر ماعد،	Mcg.11	03-14-2015						
Signature		Printed Name	100 01.11	Date (mm/dd/yy)						
ŔEQUIR	<b>ED</b> – check only one and fill in the corresponding	g blank if sigr	ing for an entity	<i>r</i> :						
	s is a manager-managed LLC and I am signin	g 🔼	This is a <b>memb</b>	er-managed LLC and I am signing						
	lividually as a <b>manager o</b> r I am signing for an e <b>anager named</b> :	ntity	individually as a member name	member or I am signing for an entity						
	Justin McG.11									
<u> </u>	TOPIC INCOME									
"### —	435 00 (l	Mari: 4		Commission Commission Filiano Continu						
Filing Fe	ee: \$25.00 (regular processing) red processing - add \$35.00 to filing fee.			ion Commission - Corporate Filings Section Iton St., Phoenix, Arizona 85007						

All fees are nonrefundable - see Instructions.

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.