SEP 0 4 2015



FILE NO. 11 15019123

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

ARTICLES OF AMENDMENT

Read the Instructions L015i

				Nead the I	nsa ac	CIONS <u>LUIJI</u>							
1.	ENT	ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:											
	Qua	arry Avenue LLC											
2.	A.C.	.c. file number: $\overline{{}^{ m L}}$	-16501923										
	Find	the A.C.C. file number or	n the upper corner	of filed documer	nts OR on our website at: http://www.azcc.gov/Divisions/Corporations								
		THE BOX NEXT											
co	MPL	ETE THE REQUE	STED INFOR	RMATION F	FOR T	HAT CHANGI	E.						
3.		ENTITY NAME CHA	NGE – type or p	rint the exact	NEW na	ime of the LLC in	the space	below:					
		<u></u>											
4.	V	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.											
V ice	sandr	a Tvsman											
		ntly shown in ACC records			Name c	urrently shown in ACC	records						
NEW	Name				NEW Name								
		N. Mountain Ridge			MENA ME								
	ess 1		<u> </u>		Address	31							
Addr	ess 2 (o	optional)			Address	2 (optional)			1				
Mes		Prioritity	AZ	85207	Address	2 (optional)							
City	Г	UNITED STATES	State or Province	Zip	City		Į.	State or Province	Zip				
Coun	itry	المنافلة والمنافلة والمناف			Country	,	Lacino de la constante de la c						
	Addr	ress change 🔲 Ad	d as 20% or mo	re member	Address change Add as 20% or more member								
	Nam	e change 🔲 Ad	d as less than 20	ጋ% member	☐ Name change ☐ Add as less than 20% member								
		Re	move member				Remo	ove member					
Nam	e currer	ntly shown in ACC records			Name currently shown in ACC records								
NEW	Name				NEW Na	NEW Name							
		_							_				
Addr	ess 1				Address	; 1							
Addr	ess 2 (c	optional)			Address	2 (optional)							
City		The state of the s	State or	Zip	City	<u> </u>		State or	Žip				
Cour	tev	: !	Province		Count	<u> </u>		Province					
Coun		oner change	ld ac 2004 ac c		Country	ddress change		na 2004 as					
\sqcup		· -	ld as 20% or moi		Address change Add as 20% or more member Name change Add as less than 20% member								
	INGIII	e change Ad	d as less than 20	J70 HIGHIUEF	LJ Maine Change LJ Add as less than 20% member								

Remove member

Remove member

I t	N A.C.C. RECO hat manager FOR NEW MAN	ORDS - list (new name 'AGERS - i	the name and/or n a sepa	ne of each address), arate blo	MANAGERS) manager being then check all b ck, list the name complete and a	chan oxes in th	ged, and that appl ne NEW N	below that y to indicat ame blank	provide e the c and giv	e any n hange ve the a	ew informat being made address, and	tion for for that manag I check the	
Name currently shown in ACC records							Name currently shown in ACC records						
NEW Name	NEW Name												
Address 1	Address 1												
Address 2 (opt	ionał)					Address 2 (optional)							
City U	NITED ST	ATES 3	State Provi		Zip	City					State or Province	Zip	
Country		Line	<u>.a</u> ;			Сои	ntry			Laisisid			
Addres	s change	☐ Add	as man	адег		Address change Add as manager							
Name	change	Rem	ove ma	nager			Name	change		Reme	ove manag	ger	
	The filin	ag will be	CHANG	d if it is s	ED LLC – comp submitted with	out i	The attac	chment. – <u>see Ins</u>	tructi	ons LO	<u>15i</u> :		041.
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	i)	· · · · · · · · · · · · · · · · · · ·										
Attention (optional)							ention (opt	ional)					
Address 1						Add	lress 1						
Address 2 (optional)						Add	lress 2 (op	tional)				T	
City			State	Zip		City					State	Zip	
	Amendment.		utory A	gent Acc	eptance form I	MUU2	must b	e submitt	ed alo	ng wit	n these Ar	ticles of	
	TATUTORY	AGENT	ADDRE	SS CHA	NGE – ADDRI	ESS	OF CUR	RENT ST	ATUT	DRY A	GENT c	omplete 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):							
Attention (optional)						Attention (optional)							
Address 1						Address 1							
Address 2(optional)						Ado	iress 2 (op	tional)				<u> </u>	
City State Zip					City State Zip					Zìp			

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 kniplace of business of the LLC in Arizona:												
			Attention (opti	ional)									
			Address 1										
			Address 1										
		İ	Address 2 (opt	tional)									
		-	City [State or	Zip					
			Country				Province	~~					
10.		OURA	TION CHAN	IGE - check one	to indicate the N I	E W dur	ation or life pe	riod of the LLC:					
	Perpetual												
	The LLC's life period will end on this date : (enter a date - mm/dd/yy)												
			The LLC's li	fe period will end	upon the occurren	ce of th	is event :						
								(describe	an event)				
11		ENITT'	TV TVDE CL	IANCE - if chance	ring antity type of	nack on	a and fallow in	chructions					
11.		CINIT			ging entity type, ch								
		片			L LLC – number 12 IONAL LLC (profes								
			Changing to	J a NON-PROFESS	TONAL LLC (profes	SIUIIAI	cee becoming a	a regular LLC.).					
12.		PROF	ESSIONAL	SERVICES CHAN	IGE – describe th	e NEW	type of profes	sional services the professiona	al LLC will				
		rende	er:										
13.								sed by the check boxes on this	form, then				
		you i	must attach	to these Articles o	of Amendment a co	mplete	copy of the Ll	.C's written amendment.					
SIG	NATU	RE:			d "I accept" below ents is submitted in			r penalty of perjury that this decorate	ocument				
			Ū	·		·		·					
☑ I ACCEPT													
	A	dan	TUSM	α		Tysm	an	9/1/	15				
Sign	aturé I ITDE				Printed Norresponding blank		ing for an onti		mm/dd/yy)				
<u>νεψ</u>				ne and mi m the cland		1		ber-managed LLC and I am s	sianina				
	indi	vidual	ly as a <mark>man</mark>	ager or I am sigr			individually as	a member or I am signing fo					
	mai	nager	named:			1	Member nam	· · · · · · · · · · · · · · · · · · ·					
						<u> </u>	Adam Tysma	d[]					

Filing Fee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section Expedited processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 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.