

AZ CORPORATION COMMISSION FILED

SEP 1 4 2015

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DO NOT WRITE ABOVE THIS	LINE; RESERVED FOR ACC USE ONLY.							
ARTICLES O	OF AMENDMENT							
Read the Ii	nstructions <u>L015i</u>							
1. ENTITY NAME - give the exact name of the LLC as curr	1. ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:							
US Moving Services, LLC								
2. A.C.C. FILE NUMBER: 120147680								
Find the A.C.C. file number on the upper corner of filed documen	ts 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 F	OR THAT CHANGE.							
3. ENTITY NAME CHANGE - type or print the exact!	NEW name of the LLC in the space below:							
A MEMBERS CHANGE (CHANGE IN MEMBERS) - s	ee 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							
that member FOR NEW MEMBERS - in a separate block	then check all boxes that apply to indicate the change being made for , list the name in the NEW Name blank and give the address, and check							
the appropriate box. If more space is needed, complete an	d attach the Amendment Attachment for Members form L044.							
David Stube								
Name currently shown in ACC records	Name currently shown in ACC records							
NEW Name	NEW Name							
9830 S. SIST ST STEBIZI								
Address 1	Address 1							
Address 2 (optional)	Address 2 (optional)							
	City State or Zip							
Moenix State or Province AZ 850-14	City State or Zip Province							
Country	Country							
Address change Add as 20% or more member	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							
NEW Name								
Address 1	Address 1							
Address 2 (optional)	Address 2 (optional)							
City State or Zip Province	City State or Zip Province							
Country	Country							
Address change Add as 20% or more member	Address change							
Name change Add as less than 20% member	Name change Add as less than 20% member							
Remove member	Remove member							

5.	IN A.C.C. REC	ORDS - list	the name	of each	manager being	chang	e one block per ged, and below that that apply to indic e NEW Name blan	at provide ate the ch	any ne hange bi	w informatio Ping made fo	or that manager.
	appropriate bo	x. If mor	e space is	needed	, complete and a	ttach	the <u>Amendment</u>	ttachmer	t for Ma	nagers form	n L043.
Name currently shown in ACC records						Name	e currently shown in	ACC record	ls		
NEW Name	<u> </u>					NEW	Name				
Address 1						Address 1					
Address 2 (o	eptional)					Addre	ess 2 (optional)		\ 		ļ
City	City State or Zip Province					City		<u> </u>		State or Province	Zip
Country			<u>-</u>	<u></u>		Country					
Addr	ess change	Add	as mana	ger			Address chang	е 🗌	Add a	s manager	-
Nam	e change	Rem	ove man	ager			Name change		Remo	ve manage	er
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.	STATUTORY	AGENT	CHANGE	- NE	W AGENT	APPC	DINTED - see I	nstructio	ons 101	5i:	
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 Age	ent Name (require	d)				1					
Attention (optional)					Attention (optional)						
Address 1	<u> </u>					Add	ress 1				
Address 2 (o	ptional)		<u>.</u>				ress 2 (optional)			L	Zip
7.3	REQUIRED ·		State utory Age	ent Acc	eptance form	M002	must be subm	itted alo	ng with	State these Arti	
	MINGHUMEN	··									
8.	STATUTOR	Y AGENT	ADDRES	S CHA	ANGE - ADDR	ESS	OF CURRENT	TATUT	ORY A	GENT - co	omplete 8.1
8.1 NEW physical or street address				8.2 NEW mailing address in Arizona of the existing							
(not a P. O. Box) in Arizona of the existing statutory agent:					statut	ory ager	nt (can	be a P.O. I	Box):		
Attention (optional)				Atte	Attention (optional)						
Address 1					Áda	Address 1					
Address 2(o)	otional)			T	_ 	Add	fress 2 (optional)			Ţ	<u></u>
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)
	According (System)
	Address 1
	Addison 2 (notional)
	Address 2 (optional)
	City State or Zip Province
	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.
CICNAT	URE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document
SIGNAT	together with any attachments is submitted in compliance with Arizona law.
1	
1	ACCEPT
4	Nathan Moment 9-11-15
Signature	Printed Name Date (mm/dd/yy)
REQÚIRI	ED – check only one and fill in the corresponding blank if signing for an entity:
	s is a manager-managed LLC and I am signing his is a member-managed LLC and I am signing
ma	ividually as a manager or I am signing for an entity dividually as a member or I am signing for an entity member named:
	Nathan Minnett
L	1 Dation / Market
En: = =	ee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Expedite	ed processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007
	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 matter 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.