

JAN 06 2016

FILE NO.

L16420399

05334825

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

**ARTICLES OF AMENDMENT***Read the Instructions L015i*

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:

Thirteen North LLC

2. **A.C.C. FILE NUMBER:** L16420399

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.**

3. ☐ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

4. ☒ **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.

Chase Herrick			Deborah J. Herrick		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
1524 E. Hatcher Rd			1524 E. Hatcher Rd		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
Phoenix		AZ	Phoenix		AZ
City	State or Province	Zip	City	State or Province	Zip
Maricopa		85020	Maricopa		85020
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input checked="" type="checkbox"/> Remove member			<input checked="" type="checkbox"/> 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 Province	City		State or Province
		Zip			Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member		<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	
	<input type="checkbox"/> Remove member			<input type="checkbox"/> Remove member	



5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person – FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS** – list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. **FOR NEW MANAGERS – 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 Managers form L043.

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 Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change		<input type="checkbox"/> Add as manager	<input type="checkbox"/> Address change		<input type="checkbox"/> Add as manager
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove manager	<input type="checkbox"/> Name change		<input type="checkbox"/> Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE – see Instructions L015i** – check only one box below and follow 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 – NEW AGENT APPOINTED – see Instructions L015i:**

<b>7.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:	<b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):
Robert A. Dukes Statutory Agent Name (required)	
Attention (optional) 1216 W. Solano Dr.	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City Phoenix State AZ Zip 85013	City State Zip
<b>7.3 REQUIRED</b> – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.	

8. ☐ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

<b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:	<b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):
Attention (optional)	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
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)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
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:

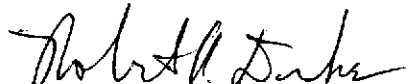
- ☐ Changing to a **PROFESSIONAL LLC** – number 12 must also be completed.  
☐ Changing to a **NON-PROFESSIONAL LLC** (professional LLC becoming a regular LLC).

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.

**SIGNATURE:** 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.

	<input checked="" type="checkbox"/> I ACCEPT	
Signature	Printed Name	Date (mm/dd/yy)
	Robert Dukes	01/06/2016

**REQUIRED** – check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager named</b> : _____	<input type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member named</b> : _____
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Filing Fee: \$25.00 (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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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.



## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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):

Thirteen North LLC

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - 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:

Robert A. Dukes

### 3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 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.

Robert A. Dukes  
Signature

Robert A. Dukes  
Printed Name

1-6-16  
Date

#### REQUIRED – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

# COVER SHEET

**USE A SEPARATE COVER SHEET FOR EACH DOCUMENT**

**1. WHAT ARE YOU FILING?**

☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

**2. ENTITY NAME:**

Thirteen North LLC

**3. CALCULATE YOUR FEES** (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, add \$35.00	Subtotal:	25.0
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	

**4. PAYMENT METHOD:**

☐ MOD Account #

**Cash** - do not mail cash. Cash may be used only for in-person submittals.

**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. **UNACCEPTABLE CHECKS** include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

**5. REQUIRED - RETURN DELIVERY OPTION** (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: <u>radulces@AOL.COM</u>		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

**DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)**

**FOR ARIZONA CORPORATION COMMISSION USE ONLY**

PICK-UP BY: \_\_\_\_\_

DATE: \_\_\_\_\_

View current processing times at: [www.azcc.gov/Divisions/Corporations](http://www.azcc.gov/Divisions/Corporations)

