

FEB 01 2016
FILE NO. L-20517213

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

ARTICLES OF AMENDMENT (SHORT FORM)

Read the Instructions L016i

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

IT WELD

2. **A.C.C. FILE NUMBER:** L-20517213

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 provided:

4. ☒ **MANAGEMENT STRUCTURE CHANGE** - see Instructions L016i - 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.*

5. ☐ **DURATION CHANGE** - check only one box to indicate the **NEW** duration or life period of the LLC:

☒ Perpetual ☐ The LLC's life period will end on this date: ☐ The LLC's life period will end upon the occurrence of this event:

6. ☐ **ENTITY TYPE CHANGE** - check one and follow instructions:

☐ **CHANGING TO PROFESSIONAL LLC** - number 7 must also be completed.

☐ **CHANGING TO NON-PROFESSIONAL LLC** - (professional LLC becoming a regular LLC).

7. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services of the LLC:

8. ☐ **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 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.

Patrick A. D Zlachnik ☒ I ACCEPT Patrick A D Zlachnik 2/1/2016
Signature Printed Name Date (mm/dd/yy)

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

☒ This is a **manager-managed LLC** and I am signing individually as a **manager** or I am signing for an **entity manager** named:

☐ This is a **member-managed LLC** and I am signing individually as a **member** or I am signing for an **entity member** named:

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

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.

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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

IT WELD

2. **A.C.C. FILE NUMBER** (if known):

L-20517213

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>

3. **Check one box only to indicate what document the Attachment goes with:**

- ☐ Articles of Organization ☐ Articles of Amendment
☐ Application for Registration ☐ Articles of Amendment to Application for Registration

4. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

PATRICK A D ZBACNIK					
Name			Name		
8056 West Carlota Lane			Address 1		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
PEORIA	AZ	85383			
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input checked="" type="checkbox"/> 20% or more member			<input type="checkbox"/> 20% or more member		
<input checked="" type="checkbox"/> Manager			<input type="checkbox"/> Manager		
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Less than 20% member		
JAMES H WHITE					
Name			Name		
3671 East HANS Drive			Address 1		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
GILBERT	AZ	85296			
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input checked="" type="checkbox"/> 20% or more member			<input type="checkbox"/> 20% or more member		
<input checked="" type="checkbox"/> Manager			<input type="checkbox"/> Manager		
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Less than 20% member		
Name			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"/> 20% or more member			<input type="checkbox"/> 20% or more member		
<input type="checkbox"/> Manager			<input type="checkbox"/> Manager		
<input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Less than 20% member		

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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:

IT WELD

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 type="checkbox"/> NO If YES, add \$35.00	Subtotal:
<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:
TOTAL YOUR AMOUNT OWED	TOTAL AMOUNT DUE:

RECEIVED

FEB 01 2016

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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: Pzbacnik@ITWeld.net
<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/document-processing-times.pdf

