

ARIZONA CORP COMMISSION ARIZONA CORP COMMISSION FILED

JAN 04 2016

JAN 1 2 2016

FILE NO. L-1591755-1 FILE NO. L-1591755-1

ARIZONA	CORP COMMISSION
	FILED

DO NOT WRITE ABOVE THIS	LINE; RESERVED FOR ACC USE ONLY.	IΔN	2 0 2016	
	OF AMENDMENT	OAN 2	A 5010	
Read the I	nstructions <u>L015i</u> FI	LE NO. 4 - 1	59175	5~1
1. ENTITY NAME - give the exact name of the LLC as cur	rently shown in A.C.C. records:		_	
TRII-LA HO	ii2 Salon	<u>LLC</u>	<u> </u>	
2. A.C.C. FILE NUMBER:	,	az cori	PORATION	COMMISSION
Find the A.C.C. file number on the upper corner of filed docume	its OR on our website at: http://www	v.azcc.gov/Divisio	ns/Corpo atto	<u>Ja</u>
CHECK THE BOX NEXT TO EACH CHANGE BEI	NG MADE AND			
COMPLETE THE REQUESTED INFORMATION	FOR THAT CHANGE.		NOV 1 6	2015
3. D ENTITY NAME CHANGE - type or print the exact	NEW name of the LLC in the spa	ace below:		_
TATATATA OF	x1010 1 1 C		1-149	1765-1
, LIVINEV DITT S	41011 L.L.C.	FILE N) [1 2 2
4. MEMBERS CHANGE (CHANGE IN MEMBERS) — CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of	<u>see Instructions LO15i</u> – Use one f each member being changed, and l	block per personelow that provide	on - FOR MEM	BERS
information for that member (new name and/or address), that member. FOR NEW MEMBERS – In a separate bloc				
the appropriate box. If more space is needed, complete a				
AUHLINH STRAUSS				
Name currently shown in ACC records ANH LINH STRAUSS	Name currently shown in ACC records			
NEW Name	NEW Name			
6148 WTHUNDER COUDT	Address 1			
Addicas 1	A001C55 1			
Address 2 (optional)	Address 2 (optional)		- T	
City COUTEN COURT Province 85142	City	State or Province	Zip	
Country	Country			
☑ Address change ☐ Add as 20% or more member	Address change A	dd as 20% or n	nore membe	r

Name change

Name currently shown in ACC records

Address 2 (optional) Zip City City State or State or Province Province Country Country Address change 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

NEW Name

Address 1

Add as less than 20% member

Remove member

Remove member

1 Name change

NEW Name

Address 1

Name currently shown in ACC records

Remove member

Add as less than 20% member

Remove member

							•	
IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS - in appropriate box. If more	the name of eac and/or address a separate bl	I MANAGERS) th manager being), then check all to ock, list the nam	- Use or changed, coxes that e in the Ni	ne block per person and below that property to indicate EW Name blank ar	son - FOR M. rovide any ne the change t nd give the a	ANAGERS Clew information of the community of the communit	on for for that manager. check the	
appropriate box. If more	space is siecue	o, complete una		Outsignish asses	"	SHEGATIS (OII	II LOTS.	
lame currently shown in ACC records			Name cur	rently shown in ACC	records			
IEW Name			NEW Nam	ne				
Address 1			Address 1					
Address 2 (optional)			Address 2	! (optional)				
City	- State or Province	Zip	City			State or Province	Zip	
Country			Country		<u> </u>			
Address change Add a	s manager			ldress change	_	as manage		
Name change Remo	ove manager		☐ Na	ime change	Remo	ove manag	er	
7.1 REQUIRED – give the or an entity) and phy (not a P.O. Box) in Ar agent:	sical or stre	et address		7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):				
Statutory Agent Name (required)								
Attention (optional)			Attention (optional)					
Address 1			Address	Address 1				
Alexandra - N	<u>, </u>			7 (antia 1)				
Address 2 (optional)	itate Zip		Address	2 (optional)		State	Zíp	
7.3 REQUIRED – the Statu Amendment.		ceptance form		ust be submitted	d along with	-	' 	
B. STATUTORY AGENT A and/or 8.2:	ADDRESS CH	ANGE – ADDR	RESS OF	CURRENT STA	TUTORY A	GENT - co	omplete 8.1	
8.1 NEW physical or stre (not a P. O. Box) in Ari statutory agent:		xisting			ling addre agent (can		na of the existing Box):	
Attention (optional) Address 1	elc elc	ruel D12		n (optional)				
Addrace 2(antional)			Address	2 (optional)	-			
Address 2(optional)	state 7 Z Zip	15/47	City	z (optidilai)		State	Zip	
	_ 							

IN A.C.C. RECORDS - II that manager (new nar FOR NEW MANAGERS -	st the name of éa ne and/or address in a separate bl	ch manager being), then check all b l ock, list the name	Use one block per per changed, and below that p oxes that apply to indicate in the NEW Name blank a ttach the <u>Amendment Atta</u>	rovide any ne the change b nd give the ac	w informati sing made i idress, and	on for for that manager. check the
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	Zlip
Country Address change Ad	d as manager		Country Address change	Add a	s manage	r
☐ Name change ☐ Re	move manager		Name change	Remo	ve manag	er
CHANGING TO The filing will b	MEMBER-MANA e rejected if it is CHANGE - Note that the common co	GED LLC — compose submitted with EW AGENT A e an individual pet address	philited without the att plete and attach the Me nout the attachment. APPOINTED - see Insi 7.2 OPTIONAL NEW Stat	mber Struct	<i>5i</i> : ddress in	Arizona of
agent: Statutory Agent Name (required) Attention (optional)			Attention (optional)			
Address 1			Address 1			<u></u>
Address 2 (optional)			Address 2 (optional)			
7.3 REQUIRED - the Sta	State Zip tutory Agent Ac	ceptance form t	City M002 must be submitte	d along with	State these Art	zip icles of
8. STATUTORY AGENT and/or 8.2:	ADDRESS CH	ANGE – ADDRI	ESS OF CURRENT STA	TUTORY A	SENT - co	omplete 8.1
8.1 NEW physical or st (not a P. O. Box) in a statutory agent:	t reet address Arizona of the e	xisting		ling addres agent (can l		na of the existing Box):
					-	·····
Attention (optional) (CIUN WITHUX	ER el	CUD DR	Attention (optional)	,		· ·
Addules 1	, – •		Address 3			
Address 2(optional) CRP (AFF) CAFFV	Starte /1 Zip	85/11/2	Address 2 (optional)		State	ZIÓ

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:
	(c)
	Attention (optional)
	Address 1 6610 E Bas Eline Dead Suite#107
	Address 2 (optional)
	Country Country State or Proving 85206
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)
	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.
SIGNATU	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.
Signature	Staus STRauss 1/20/16 Printed Name Printed Name
REQUIRE	D – check only one and fill in the corresponding blank if signing for an entity:
indiv 📖	is a manager-managed LLC and I am signing vidually as a manager or I am signing for an entity nager named: This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:
F:1:- : F	42F 00 (
	e: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Sec d 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.

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ARIZONA CORP COMMISSION CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

	RE YOU FILING?						
New Entity	Change to	existing entity	Re-sub	mission/Cor	rection		
2. ENTITY	NAME:						
-							
3. CALCULA	ATE YOUR FEES (c	opies, certificate	of good standing	and expedited	f processing a	are all option	nal):
	ng fee (fees are listed					Subtotal:	
Do you want	EXPEDITED process	sing?			add \$35.00	Subtotal:	
Corporatio	n certified copies	\$ 5.00 each x	(enter nu	mber of copies	requested)	Subtotal:	
LLC certific	ed copies	\$10.00 each x		mber of copies		Subtotal:	
Certificate	of Good Standing	\$10.00 each x	-	mber of copies		Subtotal:	
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	-				,		
4. PAYMEN	T METHOD:						
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☐ Mail	Name:			3	0100		1405
	Address:						
	City:		State	a:		Zip:	
	Phone:				1.511.		
DOCUMENTS V	VILL BE MAILED IF T	HEY ARE NOT PI	CKED UP IN A	TIMELY MAN	NER (APPRO	XIMATELY	ONE WEEK)
	FOR A	RIZONA CORPO	RATION COMM	ISSION USE	ONLY		
							100 miles
PICK-UP B	Y:				DATE: _	<u> </u>	

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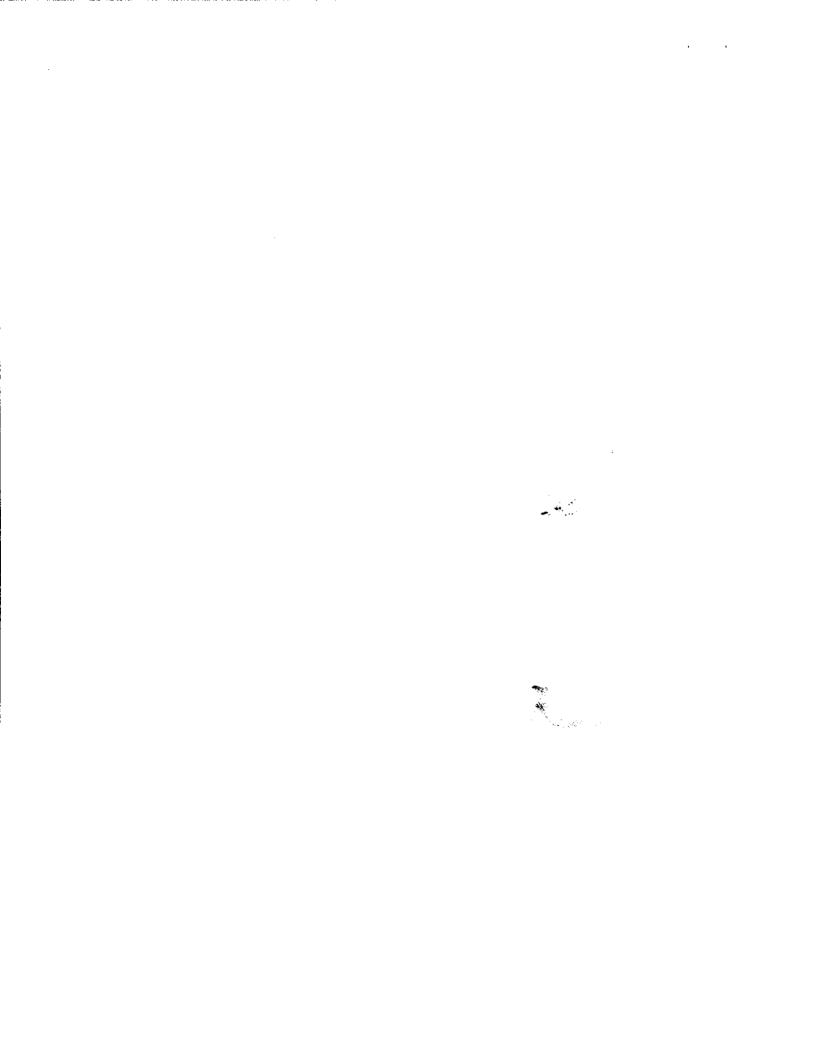
ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1.	WHAT	ARE YOU FILING?		Re-subm	ilssion/Correction		
2.	ENTIT	Y NAME:					
3.	CALCU	LATE YOUR FEES (copies, certificate of g	ood standing a	nd expedited processing	are all optional)	:
100	cument f	lling fee (fees are listed	on the bottom of the	form or on the	fee schedule)	Subtotal:	~
	YOU WALL	r EVLEDTIED bloces	sing? [#YES	NO	If YES, add \$35.00	Subtotal:	
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닖		fied copies	\$10.00 each x	(enter numb	er of copies requested)	Subtotal:	
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	REQUIR	ED - RETURN DELI	VERY OPTION (PLEASE PRI	NT CLEARLY and sel	ect only ONE):
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View current processing times at: www.azcc.gov/Divisions/Corporations/document-processing-times.pdf



COMMISSIONERS
SUSAN BITTER SMITH - Chairman
BOB STUMP
BOB BURNS
DOUG LITTLE
TOM FORESE



JODI JERICH Executive Director

PATRICIA L. BARFIELD Director Corporations Division

ARIZONA CORPORATION COMMISSION

TRIL-LA HAIR SALON LLC 1550 W AGRANIAN HILLS DR

SAN TAN VALLEY, AZ 85142

Effective Date: 12/02/2015 File No: L-1591755-1

We have received a document submission for the above-referenced entity. If an acceptable form of payment for the correct filing fee was received, it has been deposited and is nonrefundable pursuant to statute, unless otherwise noted below. The document is REJECTED and being returned for the following reasons:

Please remove the information from section 4. Section 4 is for changes to the members - the entity is not, and it cannot be, its own member.

This entity is currently operating under a Member Structure, so please mark the corresponding box below the signature on page 3.

Do not include the Statutory Agent Acceptance form as the Agent does not appear to be changing.

IMPORTANT INFORMATION:

Follow the instructions below to resubmit your document. If you originally paid for expedited processing, the resubmitted document will be processed within the current posted expedited time frame after we receive the resubmission, and no additional fees are owed. If you originally paid for regular processing time, the resubmitted document will be processed within the current posted regular time frame after we receive the resubmission, and no additional fees are owed. If you want to upgrade from regular processing to expedited processing, then you can pay the \$35.00 expedite fee when you resubmit the document.

Please Note: Limited Liability Companies must return the corrected document within thirty (30) calendar days of the rejection date to retain the original file date.

Return the following information to the Corporations Division:
1. A copy of this letter and all pages of the rejected document.

2. The corrected document, NEW Cover Sheet, plus any additional

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

1. WHA	AT AF	E YOU FILING?						
☐ New Entity ☐ Change to existing entity ☐ Re-submission/Correction								
2. ENT	XTY N	IAME: INTRE/	ביותו ל	Balon	11	C		· · · · · · · · · · · · · · · · · · ·
3. CAL	CULA	TE YOUR FEES (d	oples, certificate of	good standing and	expedite	d processing	are all option	
		g fee (fees are listed		e form or on the ${ m f}$	ee sche	Jule)	Subtotal:	75,00
Do you v	vant E	XPEDITED proces	sing? YE	s 🔲 NO	If YES,	add \$35.00	Subtotal:	
		certified copies	\$ 5.00 each x	(enter numbe	r of copies	requested)	Subtotal:	
		d copies	\$10.00 each x	(enter numbe	r of coples	requested)	Subtotal:	
☐ Certif	lcate	of Good Standing	\$10.00 each x	(enter numbe	r of copies	requested)	Subtotal:	
TOTAL YO	UR AN	OUNT OWED				TOTAL AND	שני דאנג:	
Cash - do Checks of abbreviati include: n handwritte Credit ca online car	r mon- lons. Cl o impri en or si rds - n tificate	unt # all cash. Cash may be ay orders - must be n necks must be complet nted or preprinted nan amped names, addres nay be used for in-per of good standing. We D - RETURN DEL Empli podress:	nade payable to PAriely and properly fill ne and address of theses, or check numbers submittals, and accept only Visa, A	zona Corporation of ed out, including the eaccount holder; ers; temporary ch for online corporal lasterCard, and An	he amount no Imprin ecks (new tion annua nerican Ex	sections. UN ted or preprie accounts). I reports, onl press.	rACCEPTABLI nted check n ine name res	E CHECKS umber; servations, or
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DOCUME	NT5 W	TLL SE MAILED IF T	HEY ARE NOT PIC	KED UP IN A TIM	IELY MAN	NER (APPR	OXIMATEL	ONE WEEK)
	FOR ARIZONA CORPORATION COMMISSION USE ONLY							
PICK	UP B	/:	, , , , , , , , , , , , , , , , , , , ,		·	DATE:		
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ARIZONA CORP COMMISSION AZ CORPORATION COMMISSION FILED

Corp. Commission

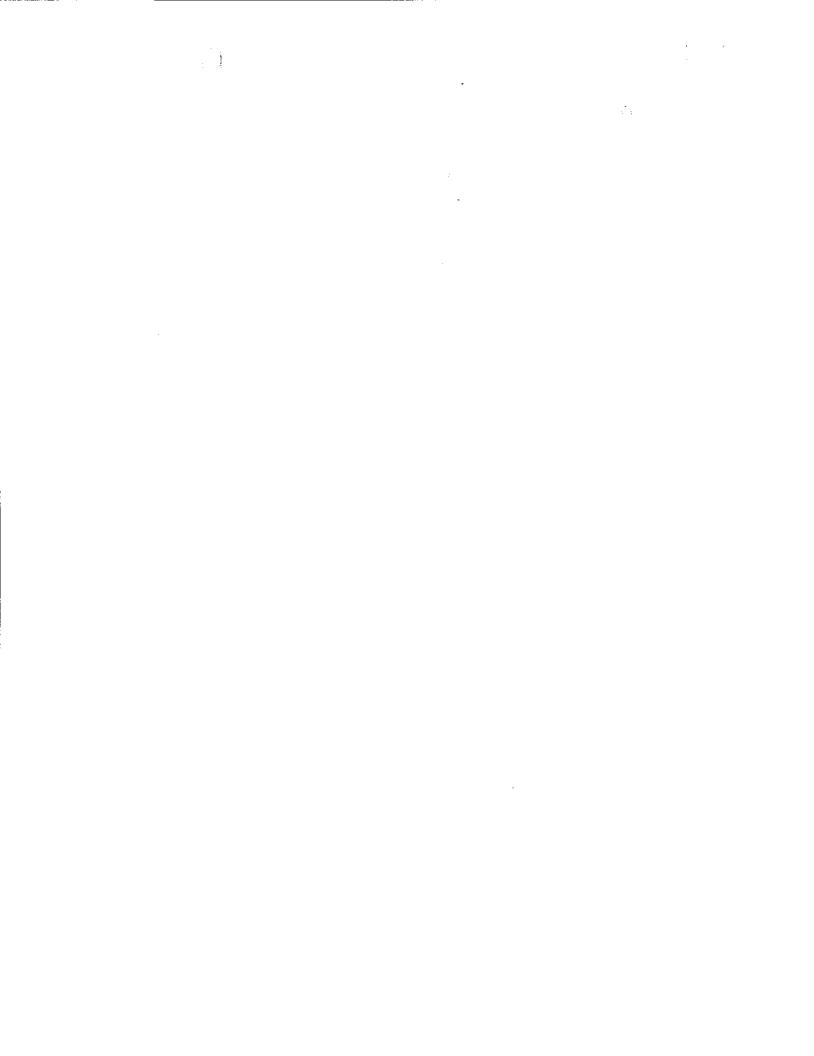
JAN 1 2 2016 FILE NO. 1-1591755-1

JAN 0 4 2015

ARTICLES OF AMENDMENT

	e Instructions <u>L015/</u>						
1. ENTITY NAME - give the exact name of the LLC as co	urrently shown in A.C.C. records:						
TRIL-LA HA	IR SALON LLC						
2. A.C.C. FILE NUMBER:							
Find the A.C.C. the number on the upper comer of filed docum	ents OR on our website at: http://www.azcc.gov/Divisions/Corporations						
CHECK THE BOX NEXT TO EACH CHANGE BE COMPLETE THE REQUESTED INFORMATION	ING MADE AND FOR THAT CHANGE.						
3. ENTITY NAME CHANGE - type or print the exac							
	BALON LLC						
4. If MEMBERS CHANGE (CHANGE IN MEMBERS) — <u>See Instructions LO15</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 Mambers form L044</u> .							
AUHLINH STRAUSS							
ANH LINH STRAUSS	Nome currently shown in ACC records						
6148 W THUNDER CLOUD	NEW Name						
Appress 1	Address I						
Address ≥ (optional)	Address 2 (optional)						
	, , , , , , , , , , , , , , , , , , , ,						
Country QUEENCREEK State or AZ 219 85142	City State or Zip Province						
Address change Add as 20% or more member	Country						
Name change Add as less than 20% member	Address change Add as 20% or more member						
Remove member	Name change Add as less than 20% member						
	Remove member						
Name currently shown by ACC records	Name currently shown in ACC records						
MEW Name							
,	MEW Name						
Address 1	Address 1						
Address 2 (optional)	Address 2 (optional)						
City State or Province	City State or Zip Province						
	Country						
Address change Add as 20% or more member	Address change						
Name change Add as less than 20% member Remove member	Name change Add as less than 20% member Remove member						

L015.001 Rev. 2010



DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE

	riease read Instructions M0021
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):
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:
	(P1) 1 11/4 (PT) = 1100
	- CAMBANI SIRAMS
,	
3. !	STATUTORY AGENT SIGNATURE:
6 6 7	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 incknowledges 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 ontained within this document together with any attachments is true and correct, and is ubmitted in compliance with Arizona law.
Signatu	enhotand ANHLINHSTRAUSS 1/12/1
REQL	IRED - check only one:
IZ I	ndividual as statutory agent: I am Entity as statutory agent: I am signing on gent behalf of the entity named as statutory agent.
	natural person) named as statutory agent. and I am authorized to act for that entity.
Filing	ee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Expedi	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
inase be a	dvised that A.C.C. forms reflect only the minimum provisions required by stabite. You should seek private legal coursed for those matters that may portain sound seek private legal courses for those matters that may portain

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If you have quantities after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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9. 🗹 AI	uzona known place of Business address Change:
	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 y pla	rou answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known ce of business of the LLC in Arizona:
	Albertion (optional) Address 1 6/0 E BOSTINE POI SUITE #109
	Address 2 (optional)
	City: State or Zip
	Country /UES A Province 85206
10. DURA	ATION 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:
<u>. </u>	(describe an event)
11. 🔲 ENTI	TY 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. PROF	ESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will er;
IS. OTHE	R AMENDMENT — If an amendment was made that was not addressed by the check boxes on this form, then 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.
Pul	18 ANHLINH STRAUSS 01-12-14
Signature	hinted Name Date (mm/dd/yy) neck only one and fill in the corresponding blank if signing for an entity:
	reck only the and his in the corresponding blank it signing for an entity: Interpretation of the corresponding blank it signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity Individually as a member or I am signing for an entity
individually manager	
Filing Fee: \$25 Expedited proce	.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section essing - add \$35.00 to filing fee. Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007

All fees are nonrefundable - see Instructions. Fax: 602-542-4100.

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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STATUTORY AGENT ACCEPTANCE

	riease reau instructions <u>mod2r</u>
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):
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:
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.
Skgr	Julistans Philiph 78TRauss 1/16/15
RE	QUIRED - check only one:
ŪZ	Individual as statutory agent: I am signing on signing on behalf of myself as the individual (natural person) named as statutory agent.
Exp	ng Fee: none (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 fees are nonrefundable - see Instructions. Fax: 602-542-4100
Diagra	has added that A.C.C. forms safest only the minimum providing section by States. Van Should used private large crussed for these matters that was castale

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private to the includual needs of your business. All documents filed with the Arbona Corporation Commission are public record and are open for public respection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arbona only) 800-345-5829.

5. MANAGERS CHANGE IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS - is appropriate box. If more	the name of each and/or address),	manager being ch then check all box the list the name in	anged, and below these that apply to Indi the NEW Name his	nat provide any ner cate the change by nk and give the ad	w imormation sing made for ideass, and ch	that manager. Hack the
Harne currently shown in ACC records			ame currently shown in	ACC records		
NEW Marpis			EW Name			
Address 1		A	ddress 1	<u> </u>		
Address 2 (optional)		A	ddress 2 (aptional)			
Chy	State or Province	Zip C	NY T		State or Province	Zip
	as manager ove manager	(Address chan Name change		s managér ve managei	
form LO40. The	filing will be rej IEMBER-MANAG rejected if it is CHANGE - NE name (can be vsical or stre	iected if it is subi ED LLC - compli- submitted witho EW AGENT AI an individual et address	7.2 OPTI	e attachment. e <u>Member Struct</u> t.	ure Attacho	nent form LO41.
agent: Statutory Apent Name (required) Attention (optional)			Attention (optional)			
			Address 1			
Addings 3	<u></u>		Address 2 (optional)		-,	· •
Address 2 (optional) City	Stable Zip		City		State	ZIp
7,3 REQUIRED - the Sta Amendment.	tutory Agent Ac	ceptance form M	002 must be sub	mitted along wit	h these Arti	cles of
8. STATUTORY AGENT	ADDRESS CH	ANGE - ADDRE				
8.1 NEW physical or st (not a P. O. Box) in / statutory agent:	reet address Arizona of the e	xisting	8.2 NEV	V mailing addr utory agent (car	ess in Arizo i be a P.O. i	ne of the existing 30x):
			ALL 17 J - A		·	
Attention (optional) Co. 148 Liv 7/21	WAEI	2 Cloud	Attention (optional)			
Address 2(optional)			Address 2 (aptional)			[
on CiteFI (FFIC	A 7 210	85117	CHV CHV		State	2lp

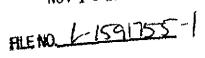
L015.001 Rev. 2010

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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 (aptional)
	660 t Exist live Rd Seite #109
	Address 1
	Address 2 (uptional)
	City State or 21p
	Country MUSCI Prevince AZ 85806
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:
	render:
	OTHER AMENDMENT — if an amendment was made that was not addressed by the check boxes on this form, then
13.	you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.
	IATURE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document
SIGN	IATURE: By checking the box marked "I accept" below, I acknowledge triber penary or perjory that this obcorrect together with any attachments is submitted in compliance with Arizona law.
	□ I ACCEPT
_	
(<u> </u>	untstands anninh 7 STRauss 111615
Signa	DIRED - check only one and fill in the corresponding blank if signing for an entity:
	This is a manager-managed LLC and I am signing This is a member-managed LLC and I am signing
	individually as a manager or 1 am signing for an entity
	manager named: Muh 3 Jaux
<u> </u>	
Filis	g Fee: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Exp	edited processing - add \$35,00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007
Pierse	be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal course for those matters that may pertain
***	individual needs of your business. uments filed with the Arizona Corporation Commission are public record and sie open for public inspection. have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.
** your	time a dissection areas a second, him promonents because the contract of the c

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ARTICLES OF AMENDMENT				
	structions LO15i			
ENTITY NAME - give the exact name of the LLC as curry	ently shown in A.C.C. records:			
	, the same			
TRILLA Heil R Salor	1 6-6-6			
2. A.C.C. FILE NUMBER:				
	OR on our website at: http://www.azcc.gov/Divisions/Corporations			
CHECK THE BOX NEXT TO EACH CHANGE BEIN				
COMPLEYE THE REQUESTED INFORMATION F				
3. If ENTITY NAME CHANGE - type or print the exact if	IEW name of the LLC in the space below:			
INTRENDITI	Salon LL-C			
4. MEMBERS CHANGE (CHANGE IN MEMBERS) - 5	eg Instructions LO15) - Use one block per person - FOR MEMBERS			
information for that member (new name and/or address). I	each member being changed, and below that provide any new hen 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 d attach the <u>Amendment Machment for Members</u> form 1044.			
Die Schiopide dar. If the Appet is needed ampiec an				
Thinka Hair Salowella				
Name currently showe in ACC records	Name comently shown in ACC records			
NEW Name	NEW Name			
INTRENDITI-Saloh LLC				
Address 1	Address I			
Address 2 (optional)	Address 2 (optional)			
6/48 W Thunder 1 12/86/42	City State or Zlp			
City Shake or Zip Produnce	Pravince \			
Country	Country			
Address change Add as 20% or mare member	Address change Add as 20% or more member			
Name change	Name change Add as less than 20% member			
Remove member	Remove member			
•				
Name currently shown in ACC records	Name correctly shown in ACC records			
	NEW Name			
NEW Hame	KEAL LESUR			
Address 1	Address			
177	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 Add as 20% or more member			
Name change Add as less than 20% member	Name change			
Remove member	Remove member			

paperwork or filing fees, as requested within this letter.

If you do not owe any additional fees or are paying by MOD account you can email your resubmission packet as a pdf document attachment to documentintake@azcc.gov.

If you have any questions, please feel free to contact the Customer Service Call Center at 602-542-3026, or Arizona residents only may use the toll free number 800-345-5819.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO http://ecorp.azcc.gov. USE THE SERVICE FEATURE AND SELECT "SUBSCRIBE TO EMAIL REMINDER TO FILE ANNUAL REPORT." YOU CAN ALSO SUBSCRIBE USING THE SEARCH FEATURE TO FIND YOUR CORPORATION'S RECORD, THEN CLICK ON THE BUTTON FOR "ANNUAL REPORT EMAIL REMINDERS." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

Tell us how we are doing. Take the online customer service survey at www.azcc.gov/divisions/Corporations.