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ARIZONA CORP COMMISSION
FILED**ARTICLES OF AMENDMENT**

Dated January 5, 2016

JAN 06 2016

FILE NO.

L-18724066**BUG COMMANDER, LLC**

A.C.C. File Number: L-18724066

ARIZONA CORP COMMISSION
FILED

JAN 27 2016

FILE NO.

L-18724066**Article 4 is deleted in its entirety and replaced by the following Article 4:**

Statutory Agent. (In Arizona) The name and address of the statutory agent of the company is Hason Zale Mailing address: PO Box 1341 Payson AZ 85547. Physical address: 306 E Bonita Street Payson AZ 85541.

Article 5.1 is deleted in its entirety and replaced by the following Article 5.1:

Known place of business physical address:
306 E Bonita Street
Payson, AZ 85541

AZ CORPORATION COMMISSION
FILED

Known place of business mailing address:
PO Box 1341
Payson, AZ 85547

JAN 21 2016

FILE NO.

L-18724066**Article 9 is deleted in its entirety and replaced by the following Article 9:**

Hason Zale
PO Box 1341
Payson, AZ 85547

AZ CORPORATION COMMISSION
FILED

JAN 19 2016

Acceptance of Appointment by Statutory Agent

FILE NO.

L-18724066

I, Hason Zale, having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Signature of Statutory Agent

[illegible]

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

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:

BUG COMMANDER, 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:	25.00
Do you want EXPEDITED processing? <input checked="" 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:	25.00

4. PAYMENT METHOD:

<input type="checkbox"/> 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 type="checkbox"/> Email	Email address:
<input checked="" type="checkbox"/> Pick up	Name: HASON ZALE Phone: (928) 978-5032
<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

ARTICLES OF AMENDMENT

Dated January 5, 2016

BUG COMMANDER, LLC

A.C.C. File Number: L-18724066

Article 4 is deleted in its entirety and replaced by the following Article 4:

Statutory Agent. (In Arizona) The name and address of the statutory agent of the company is Hason Zale Mailing address: PO Box 1341 Payson AZ 85547. Physical address: 306 E Bonita Street Payson AZ 85541.

Article 5.1 is deleted in its entirety and replaced by the following Article 5.1:

Known place of business physical address:
306 E Bonita Street
Payson, AZ 85541

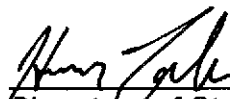
Known place of business mailing address:
PO Box 1341
Payson, AZ 85547

Article 9 is deleted in its entirety and replaced by the following Article 9:

Hason Zale
PO Box 1341
Payson, AZ 85547

Acceptance of Appointment by Statutory Agent

I, Hason Zale, having been designated to act as Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.



Signature of Statutory Agent

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:
BUG COMMANDER, LLC

2. **A.C.C. FILE NUMBER:** L-1872406-6

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.

☒ I ACCEPT


Signature

HASON ZALE
Printed Name

1-19-2016
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:

HASON ZALE

☐ 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.

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

MANAGER STRUCTURE ATTACHMENT

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

2. **A.C.C. FILE NUMBER** (if known): L-18724066
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.

HASON ZALE					
Name			Name		
PO BOX 1341					
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
PAYSON	AZ	85547			
City	State or Province	Zip	City	State or Province	Zip
Country	<input type="checkbox"/> 20% or more member		Country	<input type="checkbox"/> 20% or more member	
<input checked="" type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> Manager	<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	<input type="checkbox"/> 20% or more member		Country	<input type="checkbox"/> 20% or more member	
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> Manager	<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	<input type="checkbox"/> 20% or more member		Country	<input type="checkbox"/> 20% or more member	
<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member		<input type="checkbox"/> Manager	<input type="checkbox"/> Less than 20% member	

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

**LLC STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT**

Read the Instructions L020i

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 4.1, and 4.2 must be completed.
The form will be rejected if those sections are not completed.

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

2. **A.C.C. FILE NUMBER:** L-1872406-6

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. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes):

Attention (optional)

1705 N MCLANE

Address 1

Address 2 (optional)

AZ

85541

City PAYSON

State

Zip

3.2 Optional – List the NEW known place of business address in Arizona (must be a street or physical address):

Attention (optional)

306 E BONITA ST

Address 1

Address 2 (optional)

AZ

85541

City PAYSON

State

Zip

3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? ☒ Yes ☐ No

4. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

4.1 REQUIRED – list the **name** and **physical or street address** (not a P.O. Box) in Arizona of the existing statutory agent:

SHAWNA ZALE

Statutory Agent Name

Attention (optional)

1705 N MCLANE

Address 1

Address 2 (optional)

AZ

85541

City PAYSON

State

Zip

4.2 REQUIRED – list the **mailing address** (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:

Attention (optional)

306 E BONITA STREET

Address 1

Address 2 (optional)

AZ

85541

City PAYSON

State

Zip

4.3

- ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in number 4.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:
- _____

4.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

- ☒ **STREET ADDRESS CHANGED** – complete number 4.5.
- ☒ **MAILING ADDRESS CHANGED** – complete number 4.6.

4.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			4.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
306 E BONITA STREET			PO BOX 1341		
Address 1			Address 1		
Address 2 (optional)		AZ	85541	Address 2 (optional)	
City	PAYSON	State	Zip	City	PAYSON
		AZ	85541		
		State	Zip		

5. <input checked="" type="checkbox"/> NEW STATUTORY AGENT – if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
5.1 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:			5.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
HASON ZALE					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
306 E BONITA STREET			PO BOX 1341		
Address 1			Address 1		
Address 2 (optional)		AZ	85541	Address 2 (optional)	
City	PAYSON	State	Zip	City	PAYSON
		AZ	85541		
		State	Zip		
5.3 REQUIRED – if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance form M002</u> must be submitted along with this Statement of Change form.					

SIGNATURE – see Instructions L020i for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the LLC named in number 1 above written notice of the address change.

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

☒ I ACCEPT

HASON ZALE

Printed Name

01/05/2016

Date

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

<input type="checkbox"/> I am the Individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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Filing Fee: \$5.00 (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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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):

BUG COMMANDER, 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:

HASON ZALE

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.



Signature

HASON ZALE

Printed Name

01/05/2016

Date

REQUIRED – check only one:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|---|

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:

BUG COMMANDER, 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 checked="" 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:	

4. PAYMENT METHOD:

<input type="checkbox"/> 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: SARA@TAYLORTAXAZ.COM
<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

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



ARIZONA CORPORATION COMMISSION

JONI JERICH
Executive Director

PATRICIA L. BARFIELD
Director
Corporations Division

RECEIVED

JAN 27 2016

BUG COMMANDER, LLC
HSON ZALE
PO BOX 1341

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

PAYSON, AZ 85547

Effective Date: 01/11/2016
File No: L-1872406-6

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:

The document must be executed (signed) by a manager if the management of the limited liability company is vested in a manager or by a member if management is reserved to the members. A.R.S. 29-633.

Review section 9 and clarify. Specify the exact changes made.

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 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.

