

MAR 21 2016

FILE NO. L-19552750

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:

OAKMONT F&B LLC

2. **A.C.C. FILE NUMBER:** L19552750

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.

TIMOTHY PACATTE Name currently shown in ACC records			JARED FIELD Name currently shown in ACC records		
NEW Name PO BOX 11188 Address 1			NEW Name PO BOX 11188 Address 1		
Address 2 (optional) SCOTTSDALE City	AZ State or Province	85271 Zip	Address 2 (optional) SCOTTSDALE City	AZ State or Province	85271 Zip
Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member		
PLATED PROJECTS LLC Name currently shown in ACC records					
NEW Name 13 N SAN FRANCISCO ST Address 1 STE 202			NEW Name  Address 1		
Address 2 (optional) FLAGSTAFF City	AZ State or Province	86001 Zip	Address 2 (optional)		
Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member <input type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% 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.

<b>TIMOTHY PACATTE</b>			<b>JARED FIELD</b>		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
PO BOX 11188			PO BOX 11188		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
SCOTTSDALE		AZ	SCOTTSDALE		AZ
		85271			85271
City	Country	State or Province	City	Country	State or Province
	UNITED STATES			UNITED STATES	
<input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager			<input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" 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) and <b>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):		
PLATED PROJECTS LLC					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
13 N SAN FRANCISCO STREET					
Address 1			Address 1		
STE 202					
Address 2 (optional)			Address 2 (optional)		
AZ		86001	State		Zip
City	State	Zip	City	State	Zip
FLAGSTAFF					
<b>7.3 REQUIRED</b> – the Statutory Agent Acceptance form M002 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	City		State
		Zip			Zip





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## AMENDMENT ATTACHMENT FOR MANAGERS

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

OAKMONT F&B LLC

2. **A.C.C. FILE NUMBER:** L19552750

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 Amendment      ☐ Articles of Amendment to Application for Registration

4. **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, use another Amendment Attachment for Managers form.

<b>RYAN FIELD</b>			<b>BRIAN TERPAY</b>		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
2420 S WOODLANDS VILLAGE BLVD			2420 S WOODLANDS VILLAGE BLVD		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
FLAGSTAFF		AZ	FLAGSTAFF		AZ
City		86001	City		86001
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 checked="" type="checkbox"/> Remove manager	<input type="checkbox"/> Name change		<input checked="" type="checkbox"/> Remove manager
<b>PLATED PROJECTS LLC</b>					
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
13 N SAN FRANCISCO STREET					
Address 1			Address 1		
STE 202			Address 2 (optional)		
Address 2 (optional)					
FLAGSTAFF		AZ			
City		86001	City		
Country			Country		
<input type="checkbox"/> Address change		<input checked="" 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



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.

☒ I ACCEPT

  
Signature

TIMOTHY PACATTE  
Printed Name

3/15/16  
Date (mm/dd/yy)

**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</b> named: _____	<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</b> named: _____
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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

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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## 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):

OAKMONT F&B LLC

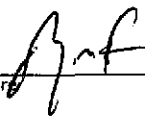
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

RYAN FIELD

### 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 

RYAN FIELD

Printed Name

3/15/2016

Date

**REQUIRED** – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **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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RECEIVED

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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

Print Form

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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:**

Oakmont F&B 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:	35.00
<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>	<b>60.00</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: office@platedprojects.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](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

