



JAN 31 2016

MAR 30 2016

FILE NO L1393188-0FILE NO L1393188-0

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:

Arizona Senior Home Care, LLC

2. **A.C.C. FILE NUMBER:** L13931880

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*.

<b>Lisa Kennedy</b> Name currently shown in ACC records			<b>Rex Kennedy</b> Name currently shown in ACC records		
NEW Name <b>PO Box 16153</b> Address 1			NEW Name <b>146 East Radium Drive</b> Address 1		
Address 2 (optional) <b>Bellmont</b> City		<b>AZ</b> State or Province	<b>86015</b> Zip		
<b>UNITED STATES</b> Country			<b>UNITED STATES</b> 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	
<b>Chad Shumway</b> Name currently shown in ACC records			<b>Travis Shumway</b> Name currently shown in ACC records		
NEW Name <b>301 South Main Street</b> Address 1			NEW Name <b>301 South Main Street</b> Address 1		
Address 2 (optional) <b>Blanding</b> City		<b>UT</b> State or Province	<b>84511</b> Zip		
<b>UNITED STATES</b> Country			<b>UNITED STATES</b> Country		
<input type="checkbox"/> Address change	<input checked="" type="checkbox"/> Add as 20% or more member		<input type="checkbox"/> Address change	<input checked="" 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.

<b>Lisa Kennedy</b> Name currently shown in ACC records			<b>Rex Kennedy</b> Name currently shown in ACC records		
NEW Name <b>PO Box 16153</b> Address 1			NEW Name <b>146 East Radium Drive</b> Address 1		
Address 2 (optional) <b>Bellmont</b>		AZ	Address 2 (optional) <b>Globe</b>		AZ
City <b>UNITED STATES</b>		Zip <b>86015</b>	City <b>UNITED STATES</b>		Zip <b>85501</b>
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager			Country <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 L015 - 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 L015:

<b>7.1 REQUIRED</b> - give the name (can be an individual or an entity) and <u>physical or street address</u> (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):	
<b>Chad Shumway</b> Statutory Agent Name (required)			
Attention (optional) <b>2123 Sunset Point Suite A</b> Address 1		Attention (optional)  Address 1	
Address 2 (optional) <b>Miami</b>		AZ	85539
City		State	Zip
<b>7.3 REQUIRED</b> - the <u>Statutory Agent Acceptance</u> 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)  Address 1		Attention (optional)  Address 1	
Address 2 (optional)  City		Address 2 (optional)  City	
State		State	
Zip		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).

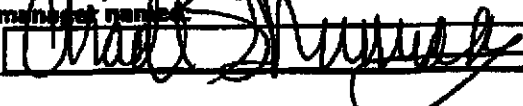
12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the NEW type of professional services the professional LLC will render:

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.

 ☒ I ACCEPT  
Signature: CHAD SHUMWAY Date (mm/dd/yy): 01/19/16

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

<input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: 	<input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member 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
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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) 800-345-5619.

Clear Form

Print Form

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

**AMENDMENT ATTACHMENT FOR MANAGERS**

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

Arizona Senior Home Care, LLC

2. **A.C.C. FILE NUMBER:** L13931880

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.

Name currently shown in A.C.C. records <b>Chad Shumway</b>			Name currently shown in A.C.C. records <b>Travis Shumway</b>		
NEW Name <b>301 South Main Street</b>			NEW Name <b>301 South Main Street</b>		
Address 1			Address 1		
Address 2 (optional) <b>Blanding</b>		State or Province <b>UT</b>	Address 2 (optional) <b>Blanding</b>		State or Province <b>UT</b>
City <b>UNITED STATES</b>		Zip <b>84511</b>	City <b>UNITED STATES</b>		Zip <b>84511</b>
Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager			Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager		
Name currently shown in A.C.C. records			Name currently shown in A.C.C. records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)		State or Province	Address 2 (optional)		State or Province
City		Zip	City		Zip
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager			Country <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager		

Clear Form

Print Form

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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):

Arizona Senior Home Care, 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:

Chad Shumway

### 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.

Chad Shumway CHAD SHUMWAY 01/19/16  
Signature Printed Name 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. |
|---|---|

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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