

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

ARTICLES OF AMENDMENT

Read the Instructions L015i										
1.	ENT	ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:								
	Dia	mond Stone & Syntheti								
I -2029041-3										
٠.		A.C.C. FILE NUMBER: 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								
		THE BOX NEXT TO ETE THE REQUEST.		-			ī.			
3.		ENTITY NAME CHANG	NEW nam	ne of the LLC in	the space	below:				
4.	Ø	MEMBERS CHANGE (CHANGE IN MEMBERS) — see <u>Instructions L015i</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 Members</u> form L044.							iny new eing made for dress, and check	
None		ally above in ACC								
		"Denisse" Chavez			Name currently shown in ACC records					
	Name	Demote Clave			NEW Name					
9558 W Harmony Lane										
Addr	ess 1				Address 1					
Addr Peor		optional)	AZ	85382	Address 2	(optional)				
City			State or Province	Zip	City			State or Province	Zip	
Cour	try	· · · · · · · · · · · · · · · · · · ·		· 41	Country	<u> </u>		·		
	Add as 20% or more member					Address change Add as 20% or more member				
	Name change Add as less than 20% member					Name change Add as less than 20% member				
	Remove member					Remove member				
					Name cur	wantly chown in ACC	Hacards			
Name currently shown in ACC records					Name currently shown in ACC records					
NEW Name					NEW Name					
Address 1					Address 1					
Addr	ess 2 (d	optional)			Address 2	(optional)				
City			State or Province	Zip	City [State or Province	Zip	
Cour	Country					Country				
닏	Address change Add as 20% or more member					Address change Add as 20% or more member				
Ц	Name change Add as less than 20% member					me change	=	as less than 2	u% member	
	Remove member						Kem∉	ove member		

IN A.C that m FOR N	.C. RECORD anager (nev EW MANAGI	S - list the name w name and/or ac ERS - in a sepan	GE IN MANAGERS) of each manager being ddress), then check all b ate block, list the name needed, complete and a	changed oxes that in the f	l, and below that pro it apply to indicate the NEW Name blank and	vide any ne le change bo I give the ac	w informati eing made f ldress, 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	ty State or Zip Province			City State or Zip Province						
Country				Country						
Name chan	Address change			Address change Add as manager Name change Remove manager						
form L040. The filing will be rejected if it is sure. CHANGING TO MEMBER-MANAGED LLC - compare the filing will be rejected if it is submitted with. 7. STATUTORY AGENT CHANGE - NEW AGENT AT A 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:				plete and attach the <u>Member Structure Attachment</u> form L041. hout the attachment.						
Statutory Agent Name	(required)									
Attention (optional)			Attention (optional)							
Address 1			· · · · · · · · · · · · · · · · · · ·	Addres	s 1					
Address 2 (optional)				Addres	s 2 (optional)			<u> </u>		
City 7.3 <i>REOU</i>	IDEO - th	State	Zip ent Acceptance form I	City	wat be automitted		State	Zip		
	dment.	s <u>Statutory Au</u> e	ent Acceptance form i	*1002 11	iust be submitted	along with	these Art	icles of		
8. STAT	UTORY A	SENT ADDRES	S CHANGE - ADDR	ESS OF	CURRENT STAT	UTORY A	GENT – co	omplete 8.1		
8.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:			8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):							
Attention (optional)					Attention (optional)					
Address 1				Addres	s i					
Address 2(optional)				Addres	s 2 (optional)	**************************************				
City		State	Zip	City			State	Zip		

9.	Ш	ARIZONA KNOWN PLACE OF BUSINESS ADDRE	SS 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	No - go to number 9.2 and continue									
	9.2	If you answered "No" to number 9.1, give the NEW	address (not a P.O. Box) of the known									
		place of business of the LLC in Arizona:										
		Attention (optional)										
		9299 W Olive Ave Unit 501 Address 1										
		Address 2 (optional)	1.7	0.5045								
		Peoria	AZ	85345								
		UNITED STATES	State or Province	Zip								
		Country	rivince									
10.		DURATION CHANGE - check one to indicate the N	IEW duration or life p	eriod of the LLC:								
		Perpetual										
		The LLC's life period will end on this date:	,	enter a date - mm/dd/vv)								
		<u> </u>		checi a date miny day y y y								
		The LLC's life period will end upon the occurrer	nce of this event :									
				(describe an event)								
	_											
11.		ENTITY TYPE CHANGE - if changing entity type, or	theck one and follow i	nstructions:								
Changing to a PROFESSIONAL LLC – number 12 must also be completed.												
		Changing to a NON-PROFESSIONAL LLC (profe										
		Changing to a NON-FROM ESSIONAL ELEC (prote	ssionar EEC becoming	a regular eco).								
12.	7	PROFESSIONAL SERVICES CHANGE - describe to	he NEW type of profe	ssional services the professional LLC will								
12.	ت	render:		asimilar services the professional ege will								
		Removing granite and adding paver a	and veneer stone	<u> </u>								
13.		OTHER AMENDMENT - if an amendment was mad		·								
		you must attach to these Articles of Amendment a c	complete copy of the I	LC's written amendment.								
SIG	NAT	URE: By checking the box marked "I accept" below										
		together with any attachments is submitted	in compliance with Ar	izona law.								
_	m/		I ACCEPT	n/ ×								
	VII.	il blum	Michael	Mavez 6-22-16								
Sign	vature	Printed		Date (mm/dd/yy)								
REQ	UIR	ED – check only the and fill in the corresponding blar	nk If signing for an en	tity:								
		is is a manager-managed LLC and I am signing	This is a mor	nber-managed LLC and I am signing								
] [lividually as a manager or I am signing for an entity	individually a	s a member or I am signing for an entity								
	<u>ma</u>	anager named:	member nar	red:.								
			III Marie									
				700								
		and A35 00 (vaguing manageries)	ail: Arizaan Caraa	ration Commission - Comporate Filings Section								
		ee: \$25.00 (regular processing) M ed processing – add \$35.00 to filing fee.		ington St., Phoenix Arizona 85007								
All	fees	are nonrefundable - see Instructions.	ax: 602-542-4100									
Piease	be ad	dvised 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.