JAN 0 4 2017

FILE NOL-2094241-2

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

		ARTICLES O Read the In	F AMEND					
1.	ENTITY NAME — give the exact	name of the LLC as curre	ently shown in ,	A.C.C. records:				
	re#general	tion handa	rade 1	LC	····			
2.	A.C.C. FILE NUMBER:	2094241-2	s OP on our webs	eite at: http://www.azi	c gov/Divisions	/Cornorations		
	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.	4. MEMBERS CHANGE (CHANGE IN MEMBERS) — see Instructions 1015i — 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.							
N	Dolisiso E. Go	umuno	·					
Name	currently shown in ACC records	111010	Name currently shown in ACC records					
NEW	lame		NEW Name					
Addres	56 1		Address 1					
Adde	ss 2 (optional)		Address 2 (optional)					
Augre	ss 2 (options)		Address 2 (optiona	'				
City		tate or Zip rovince	City		State or Province	Zip		
Country Add as 20% or more member Name change Remove member			Country Address of Name cha	ange 🔲 Add a	as 20% or mo as less than 2 ove member			
Name currently shown in ACC records			Name currently shown in ACC records					
NEW Name			NEW Name					
Address 1			Address 1					
Addre	ss 2 (optional)		Address 2 (optiona	0				
City		tate or Zip rovince	City		State or Province	Zip		
Country			Country					
	Address change Add as 20 Name change Add as les	Address change Add as 20% or more member Add as less than 20% member						
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9.	ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:							
9.1	9.1 Is the NEW Arizona known place of business address the same as the street address of	of the statutory agent?						
	Yes - go to number 10 and continue							
	No - go to number 9.2 and continue							
	Last 140 - go to namber 5.2 and continue							
9.2	9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not place of business of the LLC in Arizona:	a P.O. Box) of the known						
	Attention (optional)							
	Address 1							
	Address 2 (optional)							
	City State or Zip							
	Province							
	Country							
10. 🗆 1	DURATION CHANGE - check one to indicate the NEW duration or life period of the I	i.C:						
	_							
	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.							
		C)						
	Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LL	C).						
12.	PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional servi	ces the professional LLC will						
	render:							
		<u> </u>						
13.	OTHER AMENDMENT — If an amendment was made that was not addressed by the copy of unust attach to these Articles of Amendment a complete copy of the LLC's written							
	,							
SIGNATU	NATURE: By checking the box marked "I accept" below, I acknowledge under penalty of	nerium that this document						
	together with any attachments is submitted in compliance with Arizona law.	polyary and one decarries						
4	1 ACCEPT							
	Sellian Jonas Lillian Sponaas	in lack						
Signatione	Silvan VISIAAS LIII ON SPOI COO	Date (from/dd/v/V						
-/	UIRED - check only one and fill in the corresponding blank if signing for an entity:	24.074.2.2,77,						
	This is a manager-managed LLC and I am signing This is a member-managed	and LLC and Lam signing						
indi	individually as a manager or I am signing for an entity I individually as a member	or I am signing for an entity						
ma	manager named: member named:							
								
Filing Fo	ng Fee: \$25.00 (regular processing) Mail: Arizona Corporation Comm	ission - Corporate Filings Section						
Expedite	pedited processing - add \$35.00 to filing fee. 1300 W. Washington St., P							
All fees	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 partain 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** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE YOU FILING?							
New Entity	Change to existing entity Re-submission of rejected filing						
ENTITY NAM	ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:						
ENTER NAME							
<u>re</u>	re * generation handmade LLC						
EXPEDITED PROCESSING?							
☑YES - add s	\$35 to the filing fee NO - pay only the filing fee						
Document filing fees are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.							
PAYMENT:							
MOD Acco							
	nail cash. Cash may be used only for in-person submittals. Lev orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no						
abbreviations. C	thecks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS						
	rinted or preprinted name and address of the account holder; no imprinted or preprinted check number; 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. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):							
☐ Email	Email address:						
☐ Pick up	Name: Phone:						
⊠ Mail	Name: Lillian Spona as						
	Address: 422 5, Lesueur						
	City: MesA State: AZ Zip: 85204						
	Phone 480 4619089						
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 B	IY: DATE:						

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