

JAN 04 2017

FILE NO: 2094241-2

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:

re*generation handmade LLC

2. **A.C.C. FILE NUMBER:** 1-2094241-2

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.

Name currently shown in ACC records <u>Melissa E. Gamino</u>			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		
<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member			<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member		
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	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		
<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member			<input type="checkbox"/> Add as 20% or more member <input type="checkbox"/> Add as less than 20% member		

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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

Lillian Sponas Lillian Sponas
Signature Printed Name

12/20/16
Date (mm/dd/yy)

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

<input 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) 800-345-5819.

本報地址：上海南京路1000號 電話：1000

本報代售處：上海各書報社

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本報設有編輯部、採訪部、印刷部、發行部、廣告部、會計部、庶務部等。本報聘請名聞中外之記者、編輯、評論家，力求報導之公正、客觀、翔實。本報之印刷設備完善，印刷品質優良，字跡清晰，圖文並茂。本報之發行範圍廣泛，除國內各埠外，並可代寄國外。本報之廣告費低廉，效果顯著，歡迎各界垂青。

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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 NAME** - give the exact name of the corporation as currently shown in A.C.C. records:re * generation handmade LLC**EXPEDITED PROCESSING?**☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing feeDocument 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 Account #: _____ Total amount to deduct: _____**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.**REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):**

<input type="checkbox"/> Email	Email address: _____		
<input type="checkbox"/> Pick up	Name: _____	Phone: _____	
<input checked="" type="checkbox"/> Mail	Name: <u>Lillian Sponas</u>		
	Address: <u>422 S. Lesueur</u>		
	City: <u>Mesa</u>	State: <u>AZ</u>	Zip: <u>85204</u>
	Phone: <u>480 461 9089</u>		

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

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