AZ CORPORATION COMMISSION PILED

AZ Corp. Commission

JAN 1 7 2017

FIEND LIC/331546

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

ARTICLES OF AMENDMENT

					Read the I	nstructi	ons <u>L015i</u>			
1.	ENT	TTY NAME -	give the exa	act name of th	ne LLC as cur	rently sho	wn in A.C.C. re	cords:		
	Hea	alth and Heal	ling Clinic,	LLC						
2.	A.C.	C. FILE NUM	BER: L193	31546						
	rina	the A.C.C. file n	iumber on the	upper corner o			ur website at: htt	p://www.azo	c.gov/Division	s/Corporations
		THE BOX FTF THF R		_			DE AND AT CHANGE	Ŧ.		
_	<i>"</i>		_						h	
3.	Ш	ENILLY NA	ME CHANG	c – type or pr	int the exact	NEW Nam	e of the LLC in	trie space	DGIOW:	
4	v	MEMBERS (THANGE (C	HANGE IN M	EMREDS) -	eee Instru	ections IO15i - I	lise one bio	ok nor norso	1 - FOR MEMBERS
7.		CURRENTLY SI	HOWN IN A.C.	.C. RECORDS -	list the name of	f each men	nber being change all boxes that ap	ed, and belov	v that provide	any new
		that member.	FOR NEW ME	MBERS - in a	eparate block	t, list the n		Name blank a	ind give the ac	idress, and check
-		Circ appropriae		c space is field	ica, complete o		THE PROPERTY OF STREET	STATE TO		
		/lerchant	records				Merchant ently shown in ACC	records		
NEW I		l Daale I aan	Dood		· · · · · · · · · · · · · · · · · · ·	NEW Nam	e ed Rock Loop	Pood		
Addre		l Rock Loop	Road			Address 1		Koau		
A -4 -4	-2.27	-Hal\		r		S.ddwood 3	(antional)			
Sedo		ptional)		AZ	86336	Address 2 Sedona	• •	İ	ΑZ	86336
City		UNITED ST	ATES -	State or Province	Zip	City	UNITED ST.	ATES -	State or Province	Zip
Count			ب دست			Country	011111111111111111111111111111111111111			
	Addr	ess change	Add as	20% or more	e member	Add	dress change	Add a	as 20% or m	ore member
	Nam	e change	Add as	less than 20	% member	☐ Na	me change	Add a	as less than 2	20% member
			Remov	e member				✓ Remo	ove member	
		ntly shown in ACC	records			Name cur	rently shown in ACC	records	· <u> </u>	
Kira	i Sap Name	ach				NEW Nam	e			
		Rock Cross	ing Road							
Addre Lot						Address 1				
		optional)			06226	Address 2	(optional)			
Sede	ona			AZ State or	86336 Zlp	City F			State or	Zip
		UNITED ST	TATES -	Province					Province	
Count	•	ess change	☐ Add ≥e	20% or mon	e member	Country	dress change	☐ Add:	as 20% or m	ore member
		e change	=	less than 20			me change	=		20% member
			=	re member				=	ove member	

5.	MANAGERS CHANGI IN A.C.C. RECORDS - list that manager (new name FOR NEW MANAGERS - i appropriate box. If mor	the name and/or ac n a separa	of each manager being idress), then check all b ate block, list the name	changed, and bei exes that apply to in the NEW Nam	ow that provide a indicate the char e blank and give t	ny new informati nge being made i the address, and	ion for for that manager. check the
Name curr	ently shown in ACC records			Name currently sho	own in ACC records		
NEW Name	e		· · · · · · · · · · · · · · · · · · ·	NEW Name			
Address 1				Address 1			
Address 2	(optional)			Address 2 (optiona)		
City		State o		City		State or	Žip
		Provinc	ce	<u> </u>		▼ Province	
Country				Country			
	* =	as manag	_	Address of	=	idd as manage	
Nan	me change	iove mana	ager	Name cha	inge 🔲 R	lemove manag	er
7. 🗆	form L040. The CHANGING TO M The filing will be STATUTORY AGENT REQUIRED – give the	filing will IEMBER-N rejected CHANGE	can be an individual	bmitted without olete and attach out the attach out	the attachmenthe Member States ment. see Instructions PTIONAL - mail	nt. tructure Attach s L015i: ing address in	nment form L041.
	(not a P.O. Box) in A agent:		r street address the NEW statutory	N	EW Statutory A	gent (can be a	P.O. Box):
Statutory A	(not a P.O. Box) in A			NI	EW Statutory A	gent (can be a	P.O. Box);
	(not a P.O. Box) in A agent: gent Name (required)					gent (can be a	P.O. Box);
Statutory A	(not a P.O. Box) in A agent: gent Name (required)			Attention (options		gent (can be a	P.O. Box);
	(not a P.O. Box) in A agent: gent Name (required)					gent (can be a	P.O. Box);
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City

		oniess address die sa	me as the stre	et address of the statutory agent?
	Yes - go to number 10 and cont	inue		
	No - go to number 9.2 and con	tinue		
	ou answered "No" to number 9.1, g		al or street a	ddress (not a P.O. Box) of the known
	Attention (optional)			***
		·	·	
	Address 1			
	Address 2 (optional)	<u></u>		
			1	
	City	-	State or Province	Zip
	Country			
		and the state of t		and a Early a 11 C.
O. U DURA	ATION CHANGE - check one to I	ndicate the NEW dur	ation or life pe	riod of the LLC:
	Perpetual			
	The LLC's life period will end on the	nis date:	(e	nter a date - mm/dd/yy)
	The LLC's life period will end upor	the occurrence of th	is event :	
	·			(describe an event
	Changing to a PROFESSIONAL LLC Changing to a NON-PROFESSIONA			
. 🗆		describes the Barrio		ational and the support of the contract of the
2. PRO rend		- describe the NEW	type of profes	sional services the professional LLC will
rend 3. OTH you	ER AMENDMENT — if an amendment attach to these Articles of Analysis and the box marked "I	nent was made that we nendment a complete accept" below, I ackr	as not address copy of the LL	sed by the check boxes on this form, the .C's written amendment.
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All 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 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. | Fax: