AZ CORPORATION COMMISSION FILED

AZ Corp. Commission

FEB 0 1 2017

FILE NOI-1873574-3	
DO NOT WRITE ABOVE THIS	LINE; RESERVED FOR ACC USE ONLY.
	OF AMENDMENT Instructions L015!
1. ENTITY NAME - give the exact name of the LLC as cur	rently shown in A.C.C. records:
CPR FAMILY ENTERPRISE	SUC
2. A.C.C. FILE NUMBER: 1-18735.74+ Find the A.C.C. file number on the upper corner of filed document	its OR on our website at: http://www.azcc.gov/Divisions/Corporations
CHECK THE BOX NEXT TO EACH CHANGE BEI COMPLETE THE REQUESTED INFORMATION I	
3. X ENTITY NAME CHANGE - type or print the exact	
Kapello Trucking, LLC	The state of the second second
4. MEMBERS CHANGE (CHANGE IN MEMBERS) — S CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of information for that member (new name and/or address), that member. FOR NEW MEMBERS - in a separate block	see Instructions LO15i – Use one block per person – FOR MEMBERS each member being changed, and below that provide any new then check all boxes that apply to indicate the change being made for , list the name in the NEW Name blank and give the address, and check attach the Amendment Attachment for Members form L044.
KOS 5 Baplowith	Name currently shown in ACC records
NEW Name	NEW Name
Address 1	Address I
8874 E, APACHE WELL PL.	
Address 2 (optienal)	Address 2 (aptional)
TUCSON State or Province AZ 85730	City State or Zip Province
Country	Country
Add as 20% or more member Name change Add as less than 20% member	Add as 20% or more member Name change Add as less than 20% member
Remove member	Remove member
Name currently shown in ACC records	Name currently shown in ACC records
NÉW Name	NEW Name
Address 1	Address 1
Address 2 (optional)	Address 2 (aptional)
City State or Zip	City State or Zip Province
Country	Country
Address change Add as 20% or more member	Address change
Name change Add as less than 20% member	Name change Add as less than 20% member
Remove member	Remove member

L015 001 Rev 2010

Arizona Corporation Commission - Corporations Division Page 1 of 3

IN A.C.C. RECORDS - that manager (new no FOR NEW MANAGERS	list the na ome and/o - in a ser	me of each manager being r address), then check all parate block, ast the nam	Use one block per persign changed, and below that proboxes that apply to indicate the in the NEW Name blank and attach the Amendment Attach.	ovide any new inform he change being mad f give the address, as	ation for e for that manager.
Name currently shown in ACC records			Name currently shown in ACC re	ecords	
NÉW Marine			NEW Name		~~
Address			Address 1	\	
Address ? (optional)			Address 2 (optional)		
City		te or Zip	City	State of	Zip
Country	Pro	vince		Province	
			Country		
	dd as mai emove mi		Address change Name change	Add as manag Remove mana	
instructions: CHANGING TO form L040. 77	MANAGE ne filing w	R-MANAGED LLC cor ill be rejected if it is su	nuctions LQ15; – check only mplete and attach the Mar ibmitted without the attac plete and attach the Memi nout the attachment.	ager Structure Att	achment
7. STATUTORY AGEN	T CHANG	SE - NEW AGENT	APPOINTED - see Instru	ctions LQ15i:	
or an entity) and p	hysical	(can be an individual or street address of the NEW statutory	7.2 OPTIONAL - NEW Statute	mailing address in ory Agent (can be	Arizona of a P.O. Box):
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)	Т	1	Apdress 2 (optional)		T
City	State	Zip	City	State	Zip
7.3 REQUIRED - the St Amendment.	atutory A	gent Acceptance form I	MOO2 must be submitted a		
8. STATUTORY AGEN and/or 8.2:	T ADDRE	SS CHANGE – ADDRI	ESS OF CURRENT STATE	TORY AGENT - C	complete 8.1
8.1 NEW physical or s (not a P. O. Box) in statutory agent:				ng address in Ariz ent (can be a P.O.	
Attention (optional)			Attention (optional)		and the second
Address 1			Address 1		
Address 2(optional)	T	1	Address 2 (optional)	-	
City	State	Zip	City	State	Žip .

			KNOWN PL						
	9.1	Is the NEW	Arizona kno	own place of busi	iness address t	he same as the	street	address of the s	tatutory agent?
				ber 10 and conti					
		□ No -	go to numi	ber 9.2 and cont	inue				
	9.2	If you answ	ered "No" to		ve the NEW pl	ysical or stre	et add	ress (not a P.O.	Box) of the known
		proce or ou	alliess of the	LLC III AIIZOIIG:	-				
		Attentio	n (optional)						
		Address							
		Adures	102						
		Address	2 (optional)						
		City				State or Province		Zip	
		Country							
	_								
10.		URATION	CHANGE -	check one to inc	dicate the NEW	duration or life	e perio	d of the LLC:	
		Perpet	ual						
		☐ The LL	C's life nerio	d will end on this	c date:		fonte	u a dato – mon/e	lel to a s
				d will end upon t			- (ente	r a date - mm/t	ш/үү)
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									_ (describe an event)
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l1.		ENTITY TYP	E CHANGE	 if changing er 	ntity type, ched	k one and follo	w instr	uctions:	
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