JUL 1 3 2017

FLE NO. L14236560

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

APTICLES OF AMENDMENT

| Read the In | nstructions <u>L015i</u> |
|--|--|
| 1. ENTITY NAME - give the exact name of the LLC as curre | ently shown in A.C.C. records: |
| 2. A.C.C. FILE NUMBER: 1-14230560 |) Is OR on our website at: http://www.azcc.gov/Divisions/Corporations |
| CHECK THE BOX NEXT TO EACH CHANGE BEING COMPLETE THE REQUESTED INFORMATION FOR | |
| 3. ENTITY NAME CHANGE - type or print the exact Nav Syll Cyle BP 122 | NEW name of the LLC in the space below: |
| To ADD a member - list the name and address of the To CHANGE ADDRESS only - list the name and NEW | ember being removed and check "Remove member." ne member being added and check "Add member." address and check "Address change." ent name, then the NEW name, and check "Name change." |
| Robert Conlin | |
| Name currently shown in Aec records | Name currently shown in ACC records |
| NEW Name | NEW Name |
| Address 1 | Address 1 |
| Address 2 (optional) EVOYNE State or Zip State or Zip | Address 2 (optional) City State or Zip |
| Country | Country |
| Address change Add member | Address change Add member |
| Name change Remove member | Name change Remove 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 Zip Province | City State or Zip Province |
| Country Address change Add member | Country Address change Add member |
| Name change Remove member | Name change Remove member |

| | To CHANGE ADDRESS TO CHANGE ADDRESS TO CHANGE NAME of a If more space is needed | r - list the name a list the name a only - list the existing manag | ne only of the m and address of t name and NEW per - list the curr | nanager b he manag address rent name | eing removed an per being added a and check "Addre e, then the NEW | d check ' and check ess chang name, an | k "Add man ge." nd check "N | lager." lame change." |
|-------------------------------------|---|---|--|--|--|---|-----------------------------------|--|
| Name currently shown in ACC records | | | | Name curn | ently shown in ACC rec | cords | | |
| NEW Name | | | NEW Name | | | | | |
| Address 1 | | | and the second s | Address 1 | | | | |
| Address 2 (or | ptional) | | | Address 2 | (optional) | | | |
| City | | State or Province | Zip | City | | J | State or Province | Zip |
| | - = | manager ove manager | | = | dress change [ne change [| = | manager ove manage | er |
| 6. | form L040. The | ns will be liste IANAGER-MAN filing will be re IEMBER-MANA | d on the approp AGED LLC – con ejected if it is su GED LLC – comp | riate Atta nplete an obmitted v plete and | chment form. d attach the <u>Man</u> vithout the attach attach the <u>Memb</u> | ager Stru hment. | ucture Atta | |
| 7. | STATUTORY AGENT | CHANGE - N | EW AGENT | APPOINT | TED - see Instru | ctions L0 | <u>15i</u> : | |
| 7.1 | REQUIRED – give the or an entity) and ph (not a P.O. Box) in A agent: | ysical or str | eet address | 7 | NEW Statuto | | | |
| Statutory Age | ent Name (required) | | | | | | | |
| Attention (opt | tional) | | | Attention | (optional) | - | | The second secon |
| Address 1 | | | | Address 1 | | | | |
| Address 2 (op | otional) | | ABIN NUMBER AND ADDRESS OF THE ABIN ADDRESS OF | 1 | (optional) | | | |
| 7.3 | REQUIRED - the Stat Amendment. | State Zip utory Agent A | cceptance form | M002 mu | st be submitted a | along wit | State h these Art | icles of |
| 8. 💢 | STATUTORY AGENT and/or 8.2: | ADDRESS CH | IANGE – ADDR | ESS OF (| CURRENT STATE | UTORY A | AGENT - co | omplete 8.1 |
| 8.1 | NEW physical or sta (not a P. O. Box) in A statutory agent: | | existing | 1 | statutory ag | | | ona of the existing Box): |
| 111 | 0 | 21/01 | | 111 | 146010 1 | > | | |
| Attention (an | ison tu | CHEL | \ | A | (optional) | \mathcal{M} | Heu | |
| Attention (op | ison tu | W | <u>}</u> | Attention | Coponal) Coponal Copon | 72 | Heu · | |

| . 🗀 ⁄ | 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 |
| | |
| | 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) |
| | Address 2 (Optional) |
| | City State or Zip |
| | Country |
| | |
| . 🔲 DI | URATION 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) |
| | |
| . ∐ € | NTITY 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). |
| | |
| . П Р | ROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will |
| | render: |
| | |
| | and the state of t |
| . ∐ o | THER AMENDMENT — if an amendment was made that was not addressed by the check boxes on this form, ther you must attach to these Articles of Amendment a complete copy of the LLC's written amendment. |
| , | you must attach to these Articles of Americanent a complete copy of the LEC's written americanent. |
| | |
| CNATII | RE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document |
| GNATUI | together with any attachments is submitted in compliance with Arizona law. |
| | , |
| 1 | I ACCEPT |
| | HILL IN THE STATE OF THE STATE |
| JIN. | Scott H. Buckley 7/10/1 |
| ignature | Printed Name Date (min/ddyyy) |
| - | - check only one and fill in the corresponding blank if signing for an entity: |
| This | s a manager-managed LLC and I am signing This is a member-managed LLC and I am signing dually as a manager or I am signing for an entity |
| | ager named: |
| | SNW - |
| | |
| | |
| | : \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section Processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 |
| | processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007 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.