



NOV 01 2017

**FILE NO.** L-21979214

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:

FORMOSA CONSULTING LLC

2. **A.C.C. FILE NUMBER:** L21979214

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 –  
 To REMOVE a member - list the name only of the member being removed and check "Remove member."  
 To ADD a member - list the name and address of the member being added and check "Add member."  
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."  
 To CHANGE NAME of existing member - list the current name, then the NEW name, and check "Name change."  
 If more space is needed, complete and attach the Amendment Attachment for Member form L044.

|                                                                                                                                                                                  |                   |           |              |                                                                                                                                                                       |                   |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----|--|
| Name currently shown in ACC records<br><b>SAMUEL L RAPP</b>                                                                                                                      |                   |           |              | Name currently shown in ACC records                                                                                                                                   |                   |     |  |
| NEW Name<br><b>2848 E BROWN RD UNIT 5</b>                                                                                                                                        |                   |           |              | NEW Name                                                                                                                                                              |                   |     |  |
| Address 1                                                                                                                                                                        |                   |           |              | Address 1                                                                                                                                                             |                   |     |  |
| Address 2 (optional)<br><b>MESA</b>                                                                                                                                              |                   | <b>AZ</b> | <b>85213</b> | Address 2 (optional)                                                                                                                                                  |                   |     |  |
| City<br><b>UNITED STATES</b>                                                                                                                                                     | State or Province | Zip       |              | City                                                                                                                                                                  | State or Province | Zip |  |
| Country<br><input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> Remove member |                   |           |              | Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> 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 Province | Zip       |              | City                                                                                                                                                                  | State or Province | Zip |  |
| Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> Remove member            |                   |           |              | Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> Remove member |                   |     |  |

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person –**  
 To REMOVE a manager - list the name only of the manager being removed and check "Remove manager."  
 To ADD a manager - list the name and address of the manager being added and check "Add manager."  
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."  
 To CHANGE NAME of existing manager - list the current name, then the NEW name, and check "Name change."  
 If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

|                                         |  |                                         |     |                                         |  |                                         |     |
|-----------------------------------------|--|-----------------------------------------|-----|-----------------------------------------|--|-----------------------------------------|-----|
| 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"/> Add manager    |     | <input type="checkbox"/> Address change |  | <input type="checkbox"/> Add manager    |     |
| <input type="checkbox"/> Name change    |  | <input type="checkbox"/> Remove manager |     | <input type="checkbox"/> Name change    |  | <input type="checkbox"/> Remove manager |     |

6. ☐ **MANAGEMENT STRUCTURE CHANGE – see Instructions L015i** – check only one box below and follow instructions. All persons will be listed on the appropriate Attachment form.
- ☐ CHANGING TO MANAGER-MANAGED LLC – complete and attach the Manager Structure Attachment form L040. *The filing will be rejected if it is submitted without the attachment.*
- ☐ CHANGING TO MEMBER-MANAGED LLC – complete and attach the Member Structure Attachment form L041. *The filing will be rejected if it is submitted without the attachment.*

7. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:**

|                                                                                                                                                                              |  |       |     |                                                                                              |  |       |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|-----|----------------------------------------------------------------------------------------------|--|-------|-----|
| <b>7.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent: |  |       |     | <b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): |  |       |     |
| Statutory Agent Name (required)                                                                                                                                              |  |       |     |                                                                                              |  |       |     |
| Attention (optional)                                                                                                                                                         |  |       |     | Attention (optional)                                                                         |  |       |     |
| Address 1                                                                                                                                                                    |  |       |     | Address 1                                                                                    |  |       |     |
| Address 2 (optional)                                                                                                                                                         |  |       |     | Address 2 (optional)                                                                         |  |       |     |
| City                                                                                                                                                                         |  | State | Zip | City                                                                                         |  | State | Zip |
| <b>7.3 REQUIRED</b> – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.                                              |  |       |     |                                                                                              |  |       |     |

8. ☐ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 8.1 and/or 8.2:**

|                                                                                                         |  |       |     |                                                                                                |  |       |     |
|---------------------------------------------------------------------------------------------------------|--|-------|-----|------------------------------------------------------------------------------------------------|--|-------|-----|
| <b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent: |  |       |     | <b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box): |  |       |     |
| Attention (optional)                                                                                    |  |       |     | Attention (optional)                                                                           |  |       |     |
| Address 1                                                                                               |  |       |     | Address 1                                                                                      |  |       |     |
| Address 2 (optional)                                                                                    |  |       |     | Address 2 (optional)                                                                           |  |       |     |
| City                                                                                                    |  | State | Zip | City                                                                                           |  | State | Zip |

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

X

Signature

MELISSA R RAPP

Printed Name

10/28/17

Date (mm/dd/yy)

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

|                                                                                                                                                                                         |                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager</b> named:<br>_____ | <input type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member</b> named:<br>_____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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.