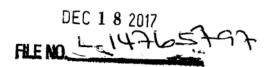
AZ CORPORATION COMMISSION FILED





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

ARTICLES OF AMENDMENT

Read the In	nstructions <u>L015i</u>
1. ENTITY NAME - give the exact name of the LLC as curr	ently shown in A.C.C. records:
Tris Consulting Grow	p. LLC
2. A.C.C. FILE NUMBER:	7
,,,	ts OR on our website at: http://www.azcc.gov/Divisions/Corporations
CHECK THE BOX NEXT TO EACH CHANGE BEI COMPLETE THE REQUESTED INFORMATION F	
3. ENTITY NAME CHANGE – type or print the exact	NEW Harne of the ELC III the space below.
4. MEMBERS CHANGE (CHANGE IN MEMBERS) - S To REMOVE a member - list the name only of the m	see Instructions L015i - Use one block per person - nember being removed and check "Remove member."
 To ADD a member - list the name and address of t To CHANGE ADDRESS only - list the name and NEW 	he member being added and check "Add member." I address and check "Address change."
	rent name, then the NEW name, and check "Name change."
1/ - >	
Name currently shown in ACC records	Name currently shown in ACC records
NEW Name	NEW Name
NEW Home	
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City State or Zip	City State or Zip
Province	Province
Address change Add member	Address change Add member
Name change Remove member	Name change Remove member
2100 6 1	
Name currently shown in ACC fecords	Name currently shown in ACC records
97 Vivant Jeffrey S Leitner	
NEW Name 97 Vivante Blvd.	NEW Name
Address 1 11 at 1 G730	Address 1
Address 2 (optional)	Address 2 (optional)
Printa Gorda FL 33950	City State or Zip
Province	Province
Address change Add member	Address change Add member
Name change Remove member	Name change Remove member

5. M

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.

	+	Karen E Da	ilou						
Name	curre	ntly shown in ACC records	129		Name currently shown in ACC records	1 . 1			
NEW N	lame				NEW Name 97 Vivante	á.	ner		
Addres	s 1				Address 1	DIVA			
	- 2 (- Al-			Address 2 (optional)				
Addres	is 2 (optional)			Punta Grada	FL	33950		
City			 State or Province 		City	State or Province	Zip		
Countr	ý				Country				
	Add	ress change	manager		Address change Add manager				
	Nan	ne change Rem	ove mana	ger	Name change Remo	ve manage	er		
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 LO	15i:			
7.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):						
Statuto	ry Aç	ent Name (required)							
Attentio	on (o	ptional)			Attention (optional)				
Address	s 1				Address 1	,			
Address	s 2 (d	optional)			Address 2 (optional)	1			
City			State	Zip	City	State	Zip		
	7.3	 REQUIRED - the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment. 							
8. [STATUTORY AGENT and/or 8.2:	ADDRESS	S CHANGE – ADDR	ESS OF CURRENT STATUTORY A	GENT - co	omplete 8.1		
	8.1 .NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:		8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):						
Attentio	on (o	ptional)			Attention (optional)				
Addres	s 1				Address 1				
Addres	s 2(o	ptional)			Address 2 (optional)				
City			State	Zip	City	State	Zip		

9.	Ш	ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:								
	9.1	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 3 (astions)								
		Address 2 (optional)								
		City State or 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.	Ш	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:								
l3.		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.								
										
SIGN	JTAN	JRE: 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.								
		together with any attachments is submitted in compliance with Alizona law.								
		▼ I ACCEPT								
	•									
	-7	Jaien & Daily Kayen & Deuley 12-13-17								
Signa	ature	Printed Name Printed Name Date (mm/dd/yy) ED – check only one and fill in the corresponding blank if signing for an entity:								
ŒŲ										
		s is a manager-managed LLC and I am signing widually as a manager or I am signing for an entity individually as a member or I am signing for an entity								
		nager named: member named:								
		Karen E Dailey								
		- Duriey								
		·								
		e: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section d processing – add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007								
		are nonrefundable - see Instructions Fav. 602-542-4100								

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.

DEC 1 8 2017

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT** ORDER COPIES USING A RECORDS REQUEST FORM **

☐ New Entity	Change to exist	ting entity 🔲 Re-sub	mission of rejected	filing						
ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:										
EXPEDITED	PROCESSING?									
YES - add	YES - add \$35 to the filing fee NO - pay only the filing fee									
Document 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 Acc	ount #:	Total amount to	deduct:							
include: no imp handwritten or Credit cards - online certificat	rinted or preprinted name an stamped names, addresses, and be used for in-person sizes of good standing. We access the state of good standing.	and properly filled out, including address of the account hole or check numbers; temporar ubmittals, and for online correct only Visa, MasterCard, and OPTION (PLEASE PRINGLE)	der; no imprinted or pre y checks (new accounts) poration annual reports, d American Express. T CLEARLY and sele	eprinted check number;). online name reservations, or						
	,	Tiris oshotmai								
☐ Piċk up	Name:		Phone:							
Mail	Name:									
	Address:									
•	City:	Stat	: :	Zip:						
	Phone:	10/7/2013/10/10								
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