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**AZ CORPORATION COMMISSION
FILED**
**ARIZONA CORP COMMISSION
FILED**

DEC 20 2017

JAN 08 2018

FILE NO. L21807252
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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:

Southern Tactical, LLC

2. **A.C.C. FILE NUMBER:** L21807252

 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*.

Daniel Erickson Name currently shown in ACC records				Robert Johnson Name currently shown in ACC records			
NEW Name 4492 West Kitty Hawk Address 1				NEW Name 4762 East Harmony Circle Address 1			
Address 2 (optional) Chandler		AZ State or Province	85226 Zip	Address 2 (optional) Mesa		AZ State or Province	85206 Zip
City UNITED STATES		Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member		City UNITED STATES		Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member	
Shane Kneisel Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name 9010 South Priest Drive Address 1 Apt. 2143				NEW Name Address 1			
Address 2 (optional) Tempe		AZ State or Province	85284 Zip	Address 2 (optional) City		State or Province	Zip
City UNITED STATES		Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Remove member		City State or Province		Country <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add member <input type="checkbox"/> Remove member	

City		State		Zip	
Address 2 (optional)		City		State	
Address 1		Address 2 (optional)		City	
Attention (optional)		Address 1		State	
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):		Attention (optional)	
8. STATUTORY AGENT ADDRESS CHANGE - ADDRESS OF CURRENT STATUTORY AGENT - complete 8.1 and/or 8.2:					

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:					
Shane Kneisel					
Statutory Agent Name (required)					
Attention (optional)					
9010 S Priest Drive					
Address 1					
Apt 2143					
Address 2 (optional)					
City		State		Zip	
AZ		85284		City	
Address 1		Address 2 (optional)		State	
7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		7.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.		City	
7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		7.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.		State	
7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		7.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.		Zip	

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.

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		City	
State or Province		State or Province	
Zip		Zip	
Country		Country	
<input type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Remove manager		<input type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Remove manager	
<input type="checkbox"/> Name change <input type="checkbox"/> Add manager <input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change <input type="checkbox"/> Add manager <input type="checkbox"/> Remove manager	

5. MANAGERS CHANGE (CHANGE IN MANAGERS) - Use one block per person -

To REMOVE a manager - list the name and address 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.

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.

X 

☒ I ACCEPT

Shane Kneisel

Printed Name

12/26/2017

Date (mm/dd/yy)

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

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

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

SOUTHERN TACTICAL, LLC

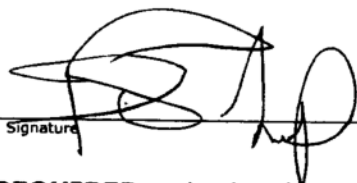
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Shane Kneisel

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Shane Kneisel

Printed Name

1/8/2018

Date

REQUIRED – check only one:

☒ **Individual as statutory agent:** I am signing on behalf of myself as the individual (natural person) named as statutory agent.

☐ **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

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

WHAT ARE YOU FILING?

☐ New Entity ☐ Change to existing entity ☒ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

SOUTHERN TACTICAL, LLC

EXPEDITED PROCESSING?

☐ 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 Account #: Total amount to deduct:

Cash - do not mail cash. Cash may be used only for in-person submittals.

Checks or money orders - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).

Credit cards - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input checked="" type="checkbox"/> Email	Email address: lisa.mitchell.az@gmail.com		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

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