ARIZONA CORP COMMISSION FILED

AZ Corp. Commission

FEB 22 2018

FILE NO. L- 2182265-3

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

ARTICLES OF AMENDMENT

Read the Instructions <u>L015i</u>

1. ENTITY NAME - give the exact name of the LLC as	currently shown in A.C.C. records:				
Los Campi	is LLC				
2. A.C.C. FILE NUMBER:	3				
Find the A.C.C. file number on the upper corner of filed docu	Iments OR on our website at: http://www.azcc.gov/Divisions/Corporations				
CHECK THE BOX NEXT TO EACH CHANGE R	SEING MADE AND				
COMPLETE THE REQUESTED INFORMATION					
3. ENTITY NAME CHANGE – type or print the ex	act NEW name of the LLC in the space below:				
4. MEMBERS CHANGE (CHANGE IN MEMBERS)	- <u>see Instructions L015i</u> - Use one block per person -				
To ADD a member - list the name and address	of the member being removed and check "Remove member."				
To CHANGE NAME of existing member - list the	vew address and check "Address change."				
If more space is needed, complete and attach th	turrent name, then the NEW name, and check "Name change." ee Amendment Attachment for Member form L044.				
Emmanuel Mendoza					
Name currently shown in ACC records	Name currently shown in ACC records				
NEW Name 12621-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	NEW Name				
12526 W. NeUsst, El Miruge Az					
12710 W. Willow Ave	Address 1				
Address 2 (optional)	Address 2 (optional)				
City State or Zip	City				
Country Province Az 85335	Province				
Address change Add member	Country				
Name change Remove member	Address change Add member Name change Remove member				
	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	City				
Province	Province				
Address change Add member	Country				
Name change Remove member	Address change Add member Name change Remove member				
	Remove member				

To ADD a mana To CHANGE ADD To CHANGE NAM	per - list th RESS only E of existin	e name and address of list the name and Ni	S) – Use one block per per e manager being removed of the manager being add EW address and check "Ad current name, then the NE e Amendment Attachment	and checed	eck "Add ange."	manager."	
1 1/2	endozo						
Name currently shown in ACC record	s		Name currently shown in ACC	crecords			
Nontel Sen	como						
12576 W. Nel	t2 21		NEW Name				
FI Myuge AZ	85	335	Address 1				
12710 N.W. 1100			Address 2 (optional)				
El Mirage	: Pro	te or Zip vince 7 85335	No. 14 and the second second second		State or Province	Zip	
1 <u> </u>			Country				
	Add manag Remove ma		Address change Add manager Name change Remove manager				
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:							
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):				
Statutory Agent Name (required)							
Attention (optional)			Attention (optional)				
Address 1			Address 1				
Address 2 (s-Nos-I)							
Address 2 (optional)			Address 2 (optional)				
	State of Author Agent Acceptance 10111 MUUZ Must be submitted along with these Articles of						
0.10/01 0.2.		,	ESS OF CURRENT STATE	JTORY A	GENT - c	omplete 8.1	
8.1 NEW physical or s (not a P. O. Box) in statutory agent:	t reet addi Arizona of	ress the existing	8.2 NEW mailir statutory ag	ng addre ent (can	ss in Arizo be a P.O.	ona of the existing Box):	
Attention (optional)		Attention (optional)					
Address 1		Address 1					
Address 2(optional)	T		Address 2 (optional)		I	T	
City	State	Zip	City		State	Zip	

	ZONA KNOWN PLACE OF BUSINESS					
9.1 Is th	he NEW Arizona known place of business	s address the sam	e as the stre	et address	of the statutory agent?	
	res - go to number 10 and continue				- and occuratory agence	
	No - go to number 9.2 and continue					
9.2 If yo place	ou answered "No" to number 9.1, give the of business of the LLC in Arizona:	ne NEW physical		idress (not	t a P.O. Box) of the know	vn
i						\neg
ł	Attention (optional)	·				\Box
	Address 1					\dashv
	Address 2 (optional)					
1	Cit.					
i	Country		State or Province	Zip		\dashv
L	Country					
10. DURAT	rion change - check one to indicate	the NEW duration	on or life peri	od of the LI	LC:	
	Perpetual					
	The LLC's life period will end on this date	e:	(en	ter a date -	- mm/dd/yy)	
י 🗀	The LLC's life period will end upon the oc	ccurrence of this	event:			
-					(describe an eve	ent)
11. TENTITY	V TVDE CHANGE				(======================================	,
	Y TYPE CHANGE - if changing entity to					
님	Changing to a PROFESSIONAL LLC - num	nber 12 must also	be complete	d.		
	Changing to a NON-PROFESSIONAL LLC ((professional LLC	becoming a r	egular LLC).	
12. PROFES	SSIONAL SERVICES CHANGE - description:	ribe the NEW typ	e of professio	onal service	s the professional LLC w	ill
13. OTHER you mu	AMENDMENT — if an amendment was ust attach to these Articles of Amendmen	made that was n nt a complete cop	ot addressed y of the LLC's	by the che written an	eck boxes on this form, the	hen
SIGNATURE:	By checking the box marked "I accept" together with any attachments is submit	below, I acknowle tted in compliance	edge <i>under pe</i> e with Arizona	enalty of pe a law.	rjury that this document	:
\circ	7	I ACCEPT				
(hidy	Nound ($\overline{}$	100 1		21 1	
Signature	Pr	inted Name	ygned r		2/22/1	8
REQUIRED 4 chec	ck only one and fill in the corresponding	blank if signing fo	or an entity:		Date (mm/dd/yy)	
This is a mar	nager-managed LLC and I am signing as a manager or I am signing for an en	tity This is	s a member	managed ember or	LLC and I am signing I am signing for an ent i	ty
	·					7
Filing Fee: \$25.00	0 (regular processing)	Mail: Arizona	Corporation	Commissio	n - Corporate Filings Sec	
Expedited process All fees are nonref	sing – add \$35.00 to filing fee.	1300 W	. wasningtor	i St., Phoer	nix, Arizona 85007	
Please be advised that A.C to the individual needs of	C.C. forms reflect only the minimum provisions requi	red by statute. You shi	2-4100 ould seek private	legal counsel f	or those matters that may no to	in
All documents filed with th	your business. he Arizona Corporation Commission are public record or reading the Instructions, please call 602-542-3026				- and a make of the chief pertain	
		,	, 000-3-3-3019,			

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:					
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 #: 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):					
Email Email address:					
Phone:					
Mail Name: Daviel Bencono					
Address: 12710 W. Willow Ave					
City: El MIVUAL State: #7 Zip: 4 , 85335					
Phone: 602-829-0295					
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