

Document Type: **Articles of Amendment - LLC**

Document Fee: **\$60.00**

Entity Name: **EPOCH LLC**

Additional Fee: **\$0.00**

**Entity Information**

Entity Name: EPOCH LLC

Entity Type: Domestic LLC

Entity ID: L14118053

Management Structure: Manager-Managed

Entity Email Address:

Formation Date: 11/29/2007

Status: Active

Effective Date: 12/05/2018

Effective Time: 02:20PM

Character of Business: Any legal purpose

Character of Business Sub Code:



Perpetual (forever)



The LLC's life period will end on this date:

Update Entity Information

**New Entity Name**

**Statutory Agent Information**

Name

Attention

Address

Email

THE TLM TRUST

12378 W Tyler Trl, PEORIA, AZ, 85383, USA

tmenard@cox.net

**Known Place of Business**

Attention

Address

12378 W Tyler Trl, PEORIA, AZ, 85383, USA

**Principal Information**

Management Structure: Manager-Managed

Title

Name

Attention

Address

Email

Date Taking  
Office

Member and  
Manager

THE TLM TRUST

12378 W Tyler Trl, PEORIA, AZ  
85383, USA

12/5/2018

**Uploaded Attachments**

**File Name**

2018.12.05 Statutory Agent Accept M002i EPOCH.pdf

2018.12.05 Cover Epoch.pdf

**File Name**

2018.12 05 Amend EPOCH - L015-Articles-of-Amendment.pdf

**Signature**

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Signature: THE TLM TRUST  
Name: Todd C Menard, Trustee  
Title: Manager

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):

EPOCH 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:

THE TLM TRUST

### 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.

THE TLM TRUST

by Todd C. Menard, Trustee

THE TLM TRUST by: Todd C. Menard, Trustee 12/5/2018

Signature

Printed Name

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

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.

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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 #: \_\_\_\_\_ 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 type="checkbox"/> Email	Email address: _____		
<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](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

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:

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**CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND  
COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.**

2. ☐ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

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3. ☐ **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](#).

<b>1.</b>				<b>2.</b>			
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 member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member	
<b>3.</b>				<b>4.</b>			
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 member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member	

4. ☐ **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](#).

<b>1.</b>				<b>2.</b>			
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	

5. ☐ **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.*

<b>6. <input type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – <a href="#">see Instructions L015i</a>:</b>					
<b>6.1 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>6.2 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>6.3 REQUIRED</b> – the <a href="#">Statutory Agent Acceptance</a> form M002 must be submitted along with these Articles of Amendment.					

<b>7. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and/or 7.2:</b>					
<b>7.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>7.2 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

8. ☐ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

8.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- ☐ Yes – go to number 9 and continue  
☐ No – go to number 8.2 and continue

8.2 If you answered "No" to number 8.1, 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		

9. ☐ **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)

10. ☐ **ENTITY TYPE CHANGE** – if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC – number 11 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

11. ☐ **PROFESSIONAL SERVICES CHANGE** – describe the **NEW** type of professional services the professional LLC will render:

\_\_\_\_\_

12. ☐ **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 law* that this document together with any attachments is submitted in compliance with Arizona law.

☐ I ACCEPT

Signature

Printed Name

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 <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager named</b> : _____	<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 named</b> : _____
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Filing Fee: \$25.00 (regular processing)  
 Expedited processing – add \$35.00 to filing fee.  
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 Fax: 602-542-4100

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