

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:

WHOLLY COMMUNICATIONS, LLC

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

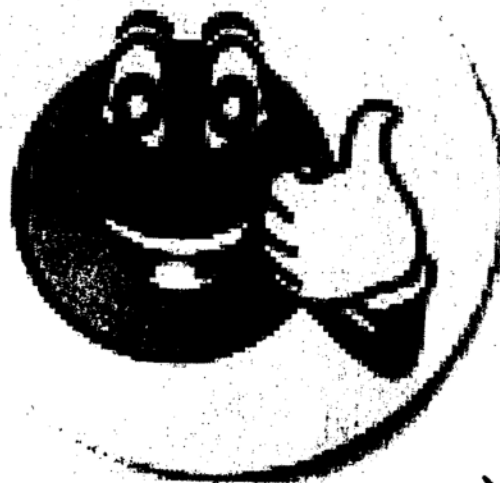
2. ☒ **ENTITY NAME CHANGE** – type or print the exact NEW name of the LLC in the space below:

TRUST RELATIONS, LLC

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> APRIL N WHITE Name currently shown in ACC records				<b>2.</b> Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1 7410 N CLARK LANE				Address 1			
Address 2 (optional) WILLIAMS		AZ	86046	Address 2 (optional)			
City UNITED STATES	State or Province	Zip		City	State or Province	Zip	
Country <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				Country <input type="checkbox"/> Address change <input type="checkbox"/> Add 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 <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			

# HEADS UP



- ☐ BAD QUALITY/DOC SIZE
- ☐ INCOMPLETE DOCUMENT RECEIVED
- ☐ WRONG FORM
- ☐ NO PAYMENT
- ☐ INSUFICIENT MOD ACCOUNT
- ☐ INACTIVE MOD ACCOUNT
- ☐ WRONG MOD AMOUNT IN COVERSHEET
- ☐ WRONG MOD ACCOUNT NUMBER
- ☐ NO COVERSHEET
- ☐ OTHER: \_\_\_\_\_

Special handle  
CK# 4179 \$25  
NO Signature  
on check

DATE: \_\_\_\_\_

INITIAL: \_\_\_\_\_

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.

1.			2.		
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"/> Name change <input type="checkbox"/> Remove manager			<input type="checkbox"/> Address change <input type="checkbox"/> Add 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.*

6. <input checked="" type="checkbox"/> <b>STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:</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):		
APRIL N WHITE					
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
7410 N CLARK LANE					
Address 1			Address 1		
Address 2 (optional)		AZ	86046		
City	WILLIAMS	State	Zip	City	State Zip
<b>6.3 REQUIRED</b> – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> <b>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)

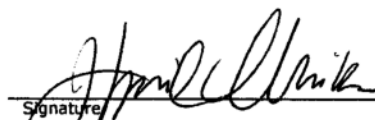
10. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

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

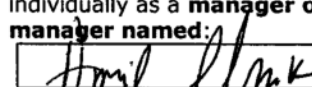
11. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:12. ☐ **OTHER AMENDMENT** - if an amendment was made that was not addressed by the check boxes on this form, then you must attach to these Articles of Amendment a complete copy 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: APRIL N WHITE Date (mm/dd/yy): 12/4/18

**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 checked="" 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> : 
---	--

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.



ACC CORPS DIV  
RECEIVED

Clear Form

2013 DEC 18 AM 8:28

Print Form

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 \*\*****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:

TRUST RELATIONS, 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: MCASEY@NAZCPA.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](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)