

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:

GREG G 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:

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.

1. GREGORY GLAU Name currently shown in ACC records NEW Name 4870 South Bright Angel Trail Address 1 Address 2 (optional) Flagstaff AZ 86005 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	2. Name currently shown in ACC records COURTNEY A. GLAU NEW Name 4870 South Bright Angel Trail Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member
3. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) 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	4. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) 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

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	<input type="text"/>	State or Province	City	<input type="text"/>	State or Province
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.*

6. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:**

6.1 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:			6.2 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 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
6.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

7. ☒ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and/or 7.2:**

7.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent:			7.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
4870 South Bright Angel Trail					
Address 1			Address 1		
Address 2(optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
FLAGSTAFF	AZ	86005			

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:

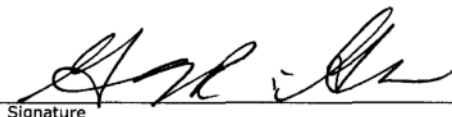
- ☐ Perpetual
☐ The LLC's life period will end on this **date**: _____ (enter a date - mm/dd/yy)

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


GREGORY GLAU

07/03/2019

Signature

Printed Name

Date (mm/dd/yy)

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

<input checked="" 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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.

Clear Form

Print Form

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

MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
 GREG G LLC

2. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. **Use one block per person.** Check the appropriate box or boxes below each person listed. If more space is needed, use another Manager Structure Attachment form.

<p>1. GREGORY GLAU</p> <p>Name 4870 South Bright Angel Trail</p> <p>Address 1</p> <p>Address 2 (optional) FLAGSTAFF AZ 86005</p> <p>City UNITED STATES State or Province Zip</p> <p>Country</p> <p><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</p>	<p>2. COURTNEY A. GLAU</p> <p>Name 4870 South Bright Angel Trail</p> <p>Address 1</p> <p>Address 2 (optional) FLAGSTAFF AZ 86005</p> <p>City UNITED STATES State or Province Zip</p> <p>Country</p> <p><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</p>
<p>3. TRACY C. GLAU</p> <p>Name 9000 NORTH HIGHWAY 89, LOT 38</p> <p>Address 1</p> <p>Address 2 (optional) FLAGSTAFF AZ 86004</p> <p>City UNITED STATES State or Province Zip</p> <p>Country</p> <p><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</p>	<p>4. KOHL M. GLAU</p> <p>Name 9000 NORTH HIGHWAY 89, LOT 2</p> <p>Address 1</p> <p>Address 2 (optional) FLAGSTAFF AZ 86004</p> <p>City UNITED STATES State or Province Zip</p> <p>Country</p> <p><input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member</p>
<p>5.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member</p>	<p>6.</p> <p>Name</p> <p>Address 1</p> <p>Address 2 (optional)</p> <p>City State or Province Zip</p> <p>Country</p> <p><input type="checkbox"/> Manager <input type="checkbox"/> Member</p>

JUL - 8 2019

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Clear Form

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:

GREG G 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 type="checkbox"/> Email	Email address:		
<input type="checkbox"/> Pick up	Name:	Phone:	
<input checked="" type="checkbox"/> Mail	Name: ALEXANDRA SHROUFE, PC		
	Address: 809 W RIORDAN ROAD, STE 201		
	City: FLAGSTAFF	State: AZ	Zip: 86001
	Phone: (928) 773-9000		

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