

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: WILD IRIS COFFEEHOUSE, LLC
ENTITY ID: L13761247
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Accommodation and Food Services
MANAGEMENT STRUCTURE: Member-Managed

NEW NAME

WILD IRIS COFFEEHOUSE, LLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: JULIE GLAZE GORMAN
PHYSICAL ADDRESS: 470 STEWART CIR , PRESCOTT, AZ 86301
MAILING ADDRESS:

KNOWN PLACE OF BUSINESS

124 S. GRANITE ST., STE E, PRESCOTT, AZ 86303

PRINCIPALS

Member: DAVID N GORMAN - 124 S. GRANITE ST., STE E, PRESCOTT, AZ 86303, USA -
julie@wildiriscoffee.com - Date of Taking Office: 06/26/2007

Member: JULIE GLAZE GORMAN - 124 S. GRANITE ST., STE E, PRESCOTT, AZ 86303, USA -
julie@wildiriscoffee.com - Date of Taking Office: 06/26/2007

SIGNATURE

Member: Julie Glaze Gorman - 08/15/2019

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

LLC STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS ADDRESS OR STATUTORY AGENT

Read the Instructions [L020i](#)

- 1. ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
WILD IRIS COFFEEHOUSE, LLC

2. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

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) 124 S. GRANITE ST.,		
Address 1 STE E		
Address 2 (optional) PRESCOTT		
City UNITED STATES	State or Province AZ	Zip 86303
2.1 If you completed 2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

- 3. ☐ CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in ACC records has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

3.1 CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

- ☐ **STREET ADDRESS CHANGED** – complete number 3.2.
☐ **MAILING ADDRESS CHANGED** – complete number 3.3.

3.2 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			3.3 NEW MAILING ADDRESS – give the NEW mailing address 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

4. <input type="checkbox"/> NEW STATUTORY AGENT – if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
4.1 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:			4.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
4.3 REQUIRED – if you are appointing a new statutory agent, the Statutory Agent Acceptance form M002 must be submitted along with this Statement of Change form.					

SIGNATURE – [see Instructions L020i](#) for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of law* that he or she has given the LLC named in number 1 above written notice of the address change.

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.

 Signature	<input checked="" type="checkbox"/> I ACCEPT JULIE GLAZE GORMAN Printed Name	08/15/2019 Date
--	--	--------------------

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

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named :	<input checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named :	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
--	---	---

Filing Fee: \$5.00 (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.

- 3. MEMBER ADDRESSES** – for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. *If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.*

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
DAVID N GORMAN							
Name 1							
470 STEWART CIRCLE				124 S. GRANITE ST.			
Address 1				Address 1			
				STE E			
Address 2 (optional)				Address 2 (optional)			
PRESCOTT				PRESCOTT			
City	State	Zip		City	State	Zip	
Country	UNITED STATES	AZ	86301	Country	UNITED STATES	AZ	86303
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
JULIE GLAZE GORMAN							
Name 2							
470 STEWART CIRCLE				124 S. GRANITE ST.			
Address 1				Address 1			
				STE E			
Address 2 (optional)				Address 2 (optional)			
PRESCOTT				PRESCOTT			
City	State	Zip		City	State	Zip	
Country	UNITED STATES	AZ	86301	Country	UNITED STATES	AZ	86303
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	
Country				Country			
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
City	State	Zip		City	State	Zip	
Country				Country			

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

JULIE GLAZE GORMAN

08/15/2019

Signature

Printed Name

Date

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

<input type="checkbox"/> I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named:	<input checked="" type="checkbox"/> I am a Member of this member-managed LLC or I am signing for an entity member named:

Filing Fee: \$5.00 (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.

LLC STATEMENT OF CHANGE OF MANAGER OR MEMBER ADDRESSES

Read the Instructions [L021i](#)

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
WILD IRIS COFFEEHOUSE, LLC

2. **MANAGER ADDRESSES** – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. *If the person is also a member, also list their name, address, and new address in the Member Addresses section.*

NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 1							
Address 1							
Address 2 (optional)							
City	State	Zip		City	State	Zip	
Country	UNITED STATES			Country	UNITED STATES		
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 2							
Address 1							
Address 2 (optional)							
City	State	Zip		City	State	Zip	
Country	UNITED STATES			Country	UNITED STATES		
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 3							
Address 1							
Address 2 (optional)							
City	State	Zip		City	State	Zip	
Country				Country			
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:			
Name 4							
Address 1							
Address 2 (optional)							
City	State	Zip		City	State	Zip	
Country				Country			