

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

Document Fee: **\$25.00**

Entity Name: **Blue Tuna Skateboards, LLC**

Additional Fee: **\$0.00**

Entity Information

Entity Name: Blue Tuna Skateboards, LLC

Entity Type: Domestic LLC

Entity ID: 23024956

Management Structure: Manager-Managed

Entity Email Address: bluetunaskateboards@gmail.com

Formation Date: 09/28/2019

Status: Active

Effective Date: 11/18/2019

Effective Time: 10:00AM

Character of Business: Retail Trade (44)

Character of Business Sub Code: Mens Clothing Stores

 Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name	Attention	Address	Email
Blue Tuna Skateboards, LLC	Sam Houck	46417 N. 41st Dr., NEW RIVER, AZ, 85087, USA	the4houcks@gmail.com
Attention	Mailing Address		
Sam Houck	46417 N. 41st Dr. NEW RIVER, AZ, 85087, USA		

Principal Address

Attention	Address
Sam Houck	46417 N. 41st Dr., NEW RIVER, AZ, 85087, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Manager	Sam Houck	Sam Houck	46417 N. 41st Dr., NEW RIVER, AZ 85087, USA	the4houcks@gmail.com	
Member and Manager	Jenelle A Houck		46417 N. 41st Drive, NEW RIVER, AZ 85087, USA	the4houcks@gmail.com	

Uploaded Attachments

The eCorp system will create part of the Articles of Amendment from the information I have entered.

☒ I will upload only the text of the amendment to complete the filing. ☐ I will upload and use my own complete form as the official Articles of Amendment.

File Name

l015-articles-of-amendment (22).pdf
coversheet (48).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: Sam Houck
Title: Manager

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:

**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.	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	City
State or Province	State or Province
Zip	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
3.	4.
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	City
State or Province	State or Province
Zip	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](#).

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"/> 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. <input type="checkbox"/> 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 REQUIRED – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
			<input type="checkbox"/> Check box if same as street address.		
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 Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 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)		
Address 1			Address 1		
Address 2(optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

8. ☐ **PRINCIPAL ADDRESS CHANGE:**

8.1 Is the NEW principal 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 principal address** (can be outside of Arizona and can be a P.O. Box.)

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

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

- ☐ Changing to a PROFESSIONAL LLC – number 10 must also be completed.
- ☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

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

11. ☐ **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"/> I am an individual authorized to sign this document. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document. <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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 - Examination 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.

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 entity 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. We do not accept bills over \$20.00. 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 and MasterCard.

*** *PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS * ***

REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:		
	Phone number:		
<input type="checkbox"/> Pick up	Name:		
	Phone number:		
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone number:		

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: <http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf>