

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

**ARTICLES OF AMENDMENT**  
*Read the Instructions L015*

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

Sandor Vineyards, 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 L015* – 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 Sonoran Wines, LLC				Name currently shown in ACC records			
NEW Name 1602 E Ft Lowell Road				NEW Name			
Address 1				Address 1			
Address 2 (optional) Tucson		State or Province AZ	Zip 85719	Address 2 (optional)		State or Province	Zip
City Tucson		Country UNITED STATES		City		Country	
<input type="checkbox"/> Address change		<input checked="" 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)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
City		Country		City		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. John E Kovacs			2. Karen A Kovacs		
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 checked="" type="checkbox"/> Remove manager	<input type="checkbox"/> Name change		<input checked="" 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 <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:			6.2 REQUIRED – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Demion Clinco			<input checked="" type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
1602 E Ft Lowell Road			Address 1		
Address 1			Address 2 (optional)		
Address 2 (optional)	AZ	85719	Address 2 (optional)		
City Tucson	State	Zip	City	State	Zip
6.3 REQUIRED – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.					

7. ☐ **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:

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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.

Demion Clinco

Digitally signed by Demion Clinco  
 DN: cn=Demion Clinco, o=Sonoran Wines, LLC,  
 ou, email=demionclinco@gmail.com, c=US  
 Date: 2020.01.03 16:36:50 -07'00'

☒ I ACCEPT

Demion Clinco

01/03/2020

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.	<input checked="" type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
	Sonoran Wines, LLC

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.



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**MEMBER STRUCTURE ATTACHMENT**

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

Sandor Vineyards, LLC

2. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another Member Structure Attachment form.

1. Sonoran Wines, LLC				2.			
Name				Name			
1602 E Ft Lowell Road				Address 1			
Address 1				Address 2 (optional)			
Address 2 (optional)		AZ	85719	Address 2 (optional)			
City	Tucson	State or Province	Zip	City		State or Province	Zip
Country	UNITED STATES			Country			
3.				4.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
5.				6.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			
7.				8.			
Name				Name			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
Address 2 (optional)				Address 2 (optional)			
City		State or Province	Zip	City		State or Province	Zip
Country				Country			



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**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 Articles of Incorporation):

Sandor Vineyards, 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:

Demion Clinco

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.

Demion Clinco

Digitally signed by Demion Clinco  
DN: cn=Demion Clinco, o=Sonoran Wines, LLC,  
ou,email=demionclinco@gmail.com, c=US  
Date: 2020.01.03 16:38:11 -0700

Demion Clinco

01/03/2020

Signature

Printed Name

Date

**REQUIRED** – check only one:

<input checked="" type="checkbox"/> <b>Individual as statutory agent:</b> I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input type="checkbox"/> <b>Entity as statutory agent:</b> I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable – see Instructions.	Mail: Arizona Corporation Commission – Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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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.  
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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



RECEIVED

JAN 06 2020

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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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:

Sandor Vineyards, 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 #: 1386    Amount to deduct: 60.00

**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 checked="" type="checkbox"/> Pick up	Name: First Legal	Phone:	
<input type="checkbox"/> Mail	Name:		
	Address:		
	City:	State:	Zip:
	Phone:		

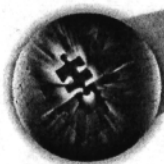
DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

## 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)





# First Legal Network

10 E. Broadway, Ste. 105  
O: 520.798.2200

Tucson, AZ 85701  
F: 520.798.2201

1/6/2020 9:25 am

Reset Form

Firm Name McEvoy Daniels & Darcy, P.C.		Complete By (Date & Time)	Special Routine <input type="radio"/>
Address 4560 East Camp Lowell Drive		Statute Date	Hearing Date & Time
City, St, Zip Tucson AZ 85712		Attorney Name David McEvoy	Case Number
Phone# 520-326-0133	Fax# 520-326-5938	Secretary Name Ramona Cato	Client File# Sandor Vineyards LLC
Court Name		Court County	Dept/Div ACC
Case Title			
<b>FILING</b>			
<input type="checkbox"/> File	<input type="checkbox"/> Issue	<input type="checkbox"/> Conform/Return	<input type="checkbox"/> Serve
<input type="checkbox"/> Record	<input type="checkbox"/> Index/Research	<input type="checkbox"/> Copy	<input type="checkbox"/> Certify
<input type="checkbox"/> Self Addressed, Stamped Envelopes Attached. (Clerk will mail conformed copies)			
Judge's Name		Delivery to Judge? <input type="radio"/> Yes <input checked="" type="radio"/> No	Judge's signature Required? <input type="radio"/> Yes <input checked="" type="radio"/> No
Appearance Fee Paid? <input type="radio"/> Yes <input checked="" type="radio"/> No		if, yes date paid _____	
		Advance Filing Fees? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Special Instructions			
<b>SERVICE OF PROCESS</b>			
Name of Person or Entity to be Served			
Home Address		Work Name and Address	
Home Phone		Work Phone	
Witness Fees <input type="radio"/> None <input checked="" type="radio"/> Attached <input type="radio"/> Please Advance \$ _____			
Service Instructions			
<b>RECEIVED</b> <b>JAN 06 2020</b>		<b>10 N118</b> <b>1000 00 1777</b>	
Pickup Information <b>ARIZONA CORP. COMMISSION</b> <b>CORPORATIONS DIVISION</b>		Delivery Information Please deliver the attached Articles of Amendment to the ACC. ramona	