ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: Curated Cleaning LLC

ENTITY ID: 1896948
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual

PROFESSIONAL SERVICES:

CHARACTER OF BUSINESS: Any legal purpose MANAGEMENT STRUCTURE: Manager-Managed

NEW NAME

Curated Cleaning LLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Sarah Ann Magruder

PHYSICAL ADDRESS: 313 North Gilbert Road, Suite 300, GILBERT, AZ 85234

MAILING ADDRESS: 313 North Gilbert Road, Suite 300, GILBERT, AZ 85234

KNOWN PLACE OF BUSINESS

Att: Curated Cleaning, 313 North Gilbert Road, Suite 300, GILBERT, AZ 85234

PRINCIPALS

Manager: Sarah Ann Magruder - 313 North Gilbert Road, Suite 300, GILBERT, AZ, 85234, USA - hello@curatedcleaning.com - Date of Taking Office:

SIGNATURE

Manager: SARAH ANN MAGRUDER - 01/09/2020

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:			
	MERMAID TIDYING 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:						
		CURATED CLEANING 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.						
1.			2.					
		ANN MAGRUDER						
Nam	e currer	ntly shown in ACC records	Name currently shown in ACC records					
NEW	Name		NEW Name					
		RTH GILBERT ROAD	NEW Name					
	ess 1	CIII GIEBERT ROAD	Address 1					
SU	ITE 3	800						
Addr	ess 2 (d	optional)	Address 2 (optional)					
	BER							
City	F	UNITED STATES State or Province	City State or Zip Province					
Cour	Į.		Country					
\Box	Addr	ress change Add member	Address change Add member					
Ħ		ne change	Name change Remove member					
_								
3.			4.					
Nam	e currer	ntly shown in ACC records	Name currently shown in ACC records					
140111	c currer	The shown in Acc records	Name currently shown in Acc records					
NEW	Name		NEW Name					
Addr	ess 1		Address 1					
Addr	ess 2 (d	optional)	Address 2 (optional)					
City		State or Zip Province	City State or Zip Province					
Cour	ntry		Country					
\Box	Addr	ress change Add member	Address change Add member					
$\overline{\Box}$		ne change	Name change Remove member					

To ADD a manager - To CHANGE ADDRESS To CHANGE NAME of 6	r - list the list the na only - list existing m	e name only of the manner and address of the the name and NEW anager - list the curr	anager ne man addres ent nai	one block per person - being removed and check "Flager being added and check is and check "Address change me, then the NEW name, and ent Attachment for Managers	"Add man e." I check "N	ager." ame change."	
1.			2.				
Name currently shown in ACC records			Name c	urrently shown in ACC records			
SARAH ANN MAGRUDER			NIEW N				
NEW Name 313 NORTH GILBERT ROA	D		NEW Name				
Address 1	<u> </u>		Address 1				
SUITE 300 Address 2 (optional)			Address 2 (optional)				
GILBERT	AZ	85234	Address 2 (optional)				
UNITED STATES	State of		City	-	State or Province	Zip	
Country	J		Country				
Address change 🗸 Add	manager			Address change Add m	anager		
Name change Rem	ove mana	ager		lame change Remov	ve manage	er	
_	CHANGE name (d	an be an individual		NTED – see Instructions L01 6.2 REQUIRED – mailing a NEW Statutory Agent Check box if same as s	ddress in (can be a	P.O. Box):	
Statutory Agent Name (required)			_				
Attention (optional)			Attention (optional)				
Address 1			Addres	ss 1			
Address 2 (optional)			Address	ss 2 (optional)			
City	State	Zip	City		State	Zip	
		_ ·		nust be submitted along with		·	
and 7.2:			ESS OF	CURRENT STATUTORY AG	GENT - co	mplete 7.1	
7.1 NEW physical or str (not a P. O. Box) in A statutory agent:				7.2 NEW mailing address statutory agent (can be			
Attention (optional)			Attention (optional)				
Address 1			Addres	ss 1			
Address 2(optional)	I		Addres	ss 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	Zip		
		Country	Province			
_						
9.	Ш	ENTITY TYPE CHANGE – if changing entity type, check				
		Changing to a PROFESSIONAL LLC – number 10 mi	ust also be comple	ted.		
		Changing to a NON-PROFESSIONAL LLC (profession	nal LLC becoming a	a regular LLC).		
10.		PROFESSIONAL SERVICES CHANGE - describe the N	EW type of profes	sional services the professional LLC will		
		render:				
11.		OTHER AMENDMENT - if an amendment was made that	at was not address	ed by the check boxes on this form, then		
		you must attach to these Articles of Amendment a comp	lete copy of the LL	C's written amendment.		
SIG	NATU	URE: By checking the box marked "I accept" below, I a together with any attachments is submitted in co				
		▽ I AC	CEDT			
		I AC	CEPT			
		SARAH	ANN MAGRUD	ER 01/09/20		
-	nature	Printed Name		Date (mm/dd/yy)		
REQ	UIRE	ED – check only one and fill in the corresponding blank if	signing for an enti	y:		
	I a	am an individual authorized to sign this document.		n behalf of an entity that is sign this document.		
		ee: \$25.00 (regular processing) Mail:		tion Commission - Examination Section		
		ee: \$25.00 (regular processing) ed processing = add \$35.00 to filing fee		tion Commission - Examination Section		

All fees are nonrefundable - see Instructions.

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

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 MERMAID TIDYING 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.

	T-			
SARAH ANN MAGRUDER	2.			
Name	Name			
313 NORTH GILBERT ROAD				
Address 1	Address 1			
SUITE 300				
Address 2 (optional)	Address 2 (optional)			
GILBERT AZ 85234				
City State or Province Zip	City State or Zip Province			
Country	Country			
✓ Manager	Manager Member owning 20% or more			
3.	4.			
Name	Name			
Address 1	Address 1			
Address 2 (optional)	Address 2 (optional)			
City State or Zip Province	City State or Zip Province Zip			
Country	Country			
Country	Country			
☐ Manager ☐ Member owning 20% or more	☐ Manager ☐ Member owning 20% or more			
5.	6.			
Name	Name			
Address 1	Address 1			
Address 2 (optional)	Address 2 (optional)			
City State or Zip	City State or Zip			
Province	▼ Province			
Country	Country			
☐ Manager ☐ Member owning 20% or more	Manager Member owning 20% or more			