ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: FBOGSE LLC
ENTITY ID: 1860404
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual

PROFESSIONAL SERVICES:

CHARACTER OF BUSINESS: Retail Trade (45)
MANAGEMENT STRUCTURE: Member-Managed

NEW NAME

No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Joshua R Berger

PHYSICAL ADDRESS: 2810 E camellia drive, GILBERT, AZ 85296 **MAILING ADDRESS:** 2810 E camellia drive, GILBERT, AZ 85296

KNOWN PLACE OF BUSINESS

Att: FBOGSE, 1658 S. Litchfield Rd, GOODYEAR, AZ 85338

PRINCIPALS

Member: Alec Timothy Berger - 1658 S. Litchfield Rd, GOODYEAR, AZ, 85338, USA - abergeraz@gmail.com - Date of Taking Office: 01/22/2020

Member: Joshua Robert Berger - 1658 S. Litchfield Rd, GOODYEAR, AZ, 85338, USA - - Date of Taking Office: 05/23/2018

SIGNATURE

Member: Joshua Robert Berger - 01/22/2020

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

ARTICLES OF AMENDMENT

Read the Instructions L015i

1.	ENTITY NAME - gi	ve the exact name	of the LLC as currently	shown in A.C.C. records
	FBOGSE		,	

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

3. MEMBERS CHANGE (CHANGE IN MEMBERS) – <u>see Instructions L015i</u> – Use one block per person To REMOVE a member - list the name only of the member being removed and check "Remove member."

ENTITY NAME CHANGE - type or print the exact NEW name of the LLC in the space below:

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.					
Name currently shown in ACC records	2. Alec Timothy Berger Name currently shown in ACC records				
NEW Name	NEW Name				
Address I	2810 & Camelia Drive				
Address I	Address 1				
Address 2 (optional)	Address 2 (optional) Gilbert AZ 85296				
City State or Province Zip Country	City State or Province Zip				
Address change Add member Name change Remove member	☐ Address change ☐ Add member ☐ Name change ☐ Remove member				
3.	4.				
Name currently shown in ACC records	Name currently shown in ACC records				
NEW Name					
Address 1	NEW Name				
	NEW Name Address 1				
Address 2 (optional)					
	Address 1				
Address 2 (optional) City State or Province	Address 1 Address 2 (optional) City State or Zip				

4.	MANAGERS CHANGI To REMOVE a manager To ADD a manager - To CHANGE ADDRESS To CHANGE NAME of Office of the control of the contro	er - list the list the na only - lis existing m	e name only of a me and addres t the name and nanager - list th	the mana s of the r NEW add	ger bei nanage Iress ar name,	ng removed and the being added a the check "Addre then the NEW i	and check ess chang name, and	e." d check "N	Name change."
1.				2.	01110				
Name currer	ntly shown in ACC records			Nar	ne curren	tly shown in ACC rec	ords		
NEW Name				NEV	V Name				
Address									
Address 1				Add	Address 1				
Address 2 (d	optional)			Add	ress 2 (o	ptional)			
City		State of Province		City			-	State or Province	Zip
Country Address change Add manager Name change Remove manager				Cou	Country Address change Add manager Name change Remove manager				
5.	instructions. All pers CHANGING TO More form L040. The CHANGING TO More filling will be	ons will MANAGER filing will MEMBER-N	be listed on the MANAGED LLC be rejected if it MANAGED LLC -	e approp comple is submi complete	te and tted will and a	Attachment fo attach the Mana thout the attach ttach the Memb	rm. ager Strue nment.	cture Atta	
6.	STATUTORY AGENT	CHANGE	- NEW AGE	NT APP	OINTE	D - see Instruc	ctions L01	<i>5i</i> :	
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:			ss	6.2 REQUIRED – maifing address in Arizona of NEW Statutory Agent (can be a P.O. Box): Check box if same as street address.					
Statutory Ag	ent Name (required)								
Attention (optional)			At	Attention (optional)					
Address 1				Ad	dress 1				
Address 2 (o	ptional)	I		Ad	dress 2 (optional)			T
City	,	State	Zip	Cit		optionary		State	Zip
6.3	REQUIRED – the Stat Amendment.	utory Age				be submitted a	along with		
7.	STATUTORY AGENT and 7.2:	ADDRES	S CHANGE – A	DDRESS	OF CL	JRRENT STATU	JTORY A	GENT - c	omplete 7.1
7.1	NEW physical or str (not a P. O. Box) in Al statutory agent:	reet addr rizona of t	ess the existing		7.	2 NEW mailing statutory ag			ona of the existing Box):
Attention (optional)			At	Attention (optional)					
Address 1				Ad	dress 1				
Address 2(op	otional)			A.	dress 2 (optional)			
City		State	Zip	Ci				State	Zip

City

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)
	Michigal (options)
	Address 1
	Address 2 (optional)
	City State or Zip
	Country
. n	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.
IGNATU	by checking the box marked I accept below, I acknowledge ander penalty of law that this document
	together with any attachments is submitted in compliance with Arizona law.
21	○ AA I ACCEPT
MAA	MUNDE Trevor Dean Caswell 1/aa/aoa
Signature	Printed Name Date (mm/dd/yy)
REQUIRE	D – check only one and fill in the corresponding blank if signing for an entity:
Ia	m an individual authorized to sign this document. I am signing on behalf of an entity that is authorized to sign this document.
Filing Fe	e: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Examination Section
All rees	are nonrefundable - see Instructions 1300 W. Washington St., Phoenix, Arizona 85007
dease be ad to the individ	vised 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
All document	ts filed with the Arizona Corporation Commission are public record and are open for public inspection. questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.
	or (within Anzona only) 800 343