

Clear Form

Print Form

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

AMENDMENT ATTACHMENT FOR MEMBERS

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

MED EVENT 911 LLC

2. **Check one box only to indicate what document the Attachment goes with:**

☒ Articles of Amendment ☐ Articles of Amendment to Foreign Registration Statement

3. **MEMBERS CHANGE (CHANGE IN MEMBERS)** – 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 Members.

JEFFREY NELSON			ROD PRAST		
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			ROD PRAST		
Address 1			639 S. 39 ST		
Address 2 (optional)			Address 1		
City		State or Province	Zip	City	
				MESA	
Country		USA			
<input type="checkbox"/> Address change		<input checked="" type="checkbox"/> Add member - PRINCIPAL			
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member			
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	
Country		Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add member			
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member			

RECEIVED

MAY 08 2020

Clear Form

ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION

Print Form

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 - select 1 option below ☒ NO - pay only the filing fee

NOTE: A current phone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of submitted document(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. 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.

☒ EXPEDITED PROCESSING, ADD \$35.00
☐ SAME DAY SERVICE, ADD \$200.00
Document will be examined by 5:00pm MST and must be received by 10:00am MST
☐ TWO-HOUR SERVICE, ADD \$400.00
☐ NEXT DAY SERVICE, ADD \$100.00
Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST

Document will be examined within 2-hours of submission
Must be received by 3:00pm MST

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 at the Phoenix office ONLY (Tucson does not accept cash).

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 or MasterCard.

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

NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS

<input checked="" type="checkbox"/> Email	Email address REQUIRED: <i>firech62@gmail.com</i>
	Phone number REQUIRED: <i>480-313-2928</i>
<input type="checkbox"/> Pick up	Name:
	Phone number REQUIRED:
<input type="checkbox"/> Mail	Name:
	Address:
	City: State: Zip:
	Phone number REQUIRED:

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>