

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:

UNLEASHED ARMS 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 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.

<b>1.</b> <u>MATTHEW KAFOLA</u> Name currently shown in ACC records			<b>2.</b> Name currently shown in ACC records		
NEW Name <u>7236 W ELECTRA LN</u> Address 1			NEW Name Address 1		
Address 2 (optional)			Address 2 (optional)		
City <u>PEORIA</u>	State or Province <u>AZ</u>	Zip <u>85383</u>	City	State or Province	Zip
Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member		
<b>3.</b> Name currently shown in ACC records			<b>4.</b> 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 <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			Country <input type="checkbox"/> Address change <input type="checkbox"/> Add 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 "i"  
 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. <b>DEED B</b>			2.		
Name currently shown in ACC records <b>DREW BLATTNER</b>			Name currently shown in ACC records		
NEW Name <b>3737 E SAT NAM WAY</b>			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City <b>CAVE CREEK</b>	State or Province <b>AZ</b>	Zip <b>85332</b>	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change			<input checked="" type="checkbox"/> Add manager <input type="checkbox"/> Remove manager		
<input type="checkbox"/> Address change <input type="checkbox"/> Name change			<input type="checkbox"/> Add manager <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"/> <b>STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:</b>					
6.1 <b>REQUIRED</b> – give the name (can be an individual or an entity) and <b>physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 <b>REQUIRED</b> – mailing address in Arizona of NEW Statutory Agent, if different from street address (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 <b>REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> <b>STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 7.2:</b>					
7.1 <b>NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			7.2 <b>NEW mailing address</b> 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 continue8.2 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 checked="" type="checkbox"/> I am an <b>individual</b> authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: \$25.00 (regular processing) 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. 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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MAR 03 2021

ARIZONA CORP. 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:

UNLEASHED ARMS LLC

EXPEDITED PROCESSING? ☐ YES - select 1 option below ☐ NO - pay only the filing feeNOTE: 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 within 2-hours of submission  
Must be received by 3:00pm MSTDocument will be examined by 5:00pm MST on the  
next business day. Must be received by 5:00pm 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 type="checkbox"/> Email	Email address REQUIRED: INFO@UNLEASHEDARMS.COM		
	Phone number REQUIRED: 480 273 2290		
<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>