

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:

Southern Arizona Health Services Phoenix, 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.

1. Southern Arizona Health Services, LLC Name currently shown in ACC records	2. Name currently shown in ACC records Pratyay Rath
NEW Name	NEW Name 1256 S Flaxseed Dr
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City UNITED STATES	City Tucson
State or Province AZ	State or Province AZ
Zip 85713	Zip 85713
Country	Country
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add member <input checked="" type="checkbox"/> Remove member	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Remove member
3. Name currently shown in ACC records Andrea A.G. Kolder	4. Name currently shown in ACC records
NEW Name 3031 E Regina St	NEW Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City Mesa	City
State or Province AZ	State or Province
Zip 85213	Zip
Country	Country
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Remove member	<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Add member <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.			2.		
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	<input type="text"/>	State or Province <input type="text"/>	City	<input type="text"/>	State or Province <input type="text"/>
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 type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	<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"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:					
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:			6.2 REQUIRED – 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 REQUIRED – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> 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 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 ACCEPTSignature Matthew S. KolderPrinted Name Matthew S. KolderDate (mm/dd/yy) 4-28-2021**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input checked="" type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
<u>Matthew S. Kolder</u>	

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.