

Document Type: **Articles of Amendment - LLC**

Document Fee: **\$0.00**

Entity Name: **Monster Medical Billing, LLC**

Additional Fee: **\$0.00**

Entity Information

Entity Name: Monster Medical Billing, LLC

Entity Type: Domestic LLC

Entity ID: 23178641

Management Structure: Manager-Managed

Entity Email Address:

Formation Date: 01/07/2021

Status: Active

Effective Date: 06/04/2021

Effective Time: 1:00 PM

Character of Business: Other Medical Billing

Character of Business Sub Code:

☒ Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name	Attention	Address	Email
Christopher Jones		931 E. Southern Ave, Suite 209, MESA, AZ, 85204, USA	chris@monstersecuritytech.com
Attention	Mailing Address		
	931 E. Southern Ave Suite 209, MESA, AZ, 85204, USA		

Principal Address

Attention	Address
Christopher Jones	931 E. Southern Ave, Suite 209, MESA, AZ, 85204, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Member and Manager	Monster Group, Inc.	Christopher Jones	931 E. Southern Ave, Suite 209, MESA, AZ 85204, USA		5/29/2021
Member	Tara L Jackson		931 E. Southern Ave, Suite 209, MESA, AZ 85204, USA		5/29/2021

Uploaded Attachments

The eCorp system will create part of the Articles of Amendment from the information I have entered.

☒ I will upload only the text of the amendment to complete the filing. ☐ I will upload and use my own complete form as the official Articles of Amendment.

File Name

Rejection Letter.pdf

Articles of Ammendment.pdf

Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Signature: Christopher B Jones

Title: Authorized Agent



Corporations Division

COMMISSIONERS

Lea Márquez Peterson - Chairwoman
Sandra D. Kennedy
Justin Olson
Anna Tovar
Jim O'Connor

Date: 6/23/2021

Delivered via: Email

Christopher Jones

RE: **Entity Name:** Monster Medical Billing, LLC
 ACC Order Number: 202106041278810
 Document Received Date: 06/04/2021
 Rejected Document ID: 10081559

If you submitted a payment, it has been deposited and is nonrefundable pursuant to A.R.S. § 29-3213, unless otherwise noted below.

The document Articles of Amendment - LLC you submitted is REJECTED for the following reasons:

Rejection Comments: When submitting an Articles of Amendment document as the attachment all 3 pages need to be submitted. The attachment needs to list Christopher Brent Jones being removed as a Manager and Monster Group, Inc. being added as a Manager and Member to this entity. When adding a manager/member the attachment needs to list the complete name, address and titles matching what appears on the E-File.

YOUR NEXT STEPS:

Return the corrected document to us per the above instructions **with this rejection letter**. Please return the **entire** corrected document **no later than 30 days after the date of this letter** in order to keep your original filing date. If we receive the corrected document more than 30 days after the date of this letter, the original filing date will not apply; the corrected document's filing date would be the new received date if the document is approved for filing.

YOU CAN RESUBMIT ONE OF THE FOLLOWING WAYS:

ONLINE - Only if:

- You originally submitted online, and
- There are no payment issues noted above, and
- No new document type is required.

BY PAPER - Only if:

- You originally submitted by mail or over the counter, or
- There is a payment issue, or
- A different or new document type is required.

For **online** resubmission, log into your account and select the document under "My Rejected Filings."

For **paper** resubmission, return to the ACC the following:

1. All pages of the corrected or revised document, including any original attachments;
2. Any additional documents or forms required as noted in the above reasons for rejection;
3. Payment of any amounts owed as noted in the above reasons for rejection; and

4. A copy of this letter (we must have the Rejected Document ID).

If you have questions, review the Instructions to the document you submitted for more detailed information. You may also contact Customer Service at 602-542-3026 or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson
1300 W.Washington Street, Phoenix, AZ 85007 | 602-542-3026 | azcc.gov

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:

Monster Medical Billing 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.				2.			
Nicole Lee Jones				Tara L. Jackson			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
931 E. Southern Ave.				931 E. Southern Ave.			
Address 1				Address 1			
Suite 209				Suite 209			
Address 2 (optional)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
Mesa		AZ	85204	Mesa		AZ	85204
City		Country		City		Country	
UNITED STATES				UNITED STATES			
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member				<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			
3.				4.			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
Address 1				Address 1			
Address 2 (optional)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
City		Country		City		Country	
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				<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 "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. Christopher Brent Jones				2.			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
931 E. Southern Ave.				Monster Group, Inc.			
Address 1				Address 1			
Suite 209				Suite 209			
Address 2 (optional)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
Mesa		AZ	85204	Mesa		AZ	85204
City	Country			City	Country		
	UNITED STATES				UNITED STATES		
<input type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager				<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add 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. ☐ **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)		State	Zip	Address 2 (optional)	
City		State	Zip	City	
6.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

7. ☐ **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)		State	Zip	Address 2 (optional)	
City		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)		
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 Christopher Brent Jones Date (mm/dd/yy) 06/23/2021

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.
Christopher Brent Jones	

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.