Document Type: Articles of Amendment - LLC Document Fee: \$0.00

Entity Name: JB RESURFACING GROUP LLC Additional Fee: \$0.00

**Entity Information** 

Entity Name: JB RESURFACING GROUP LLC Entity Type: Domestic LLC

Entity ID: L17849598 Management Structure: Member-Managed

Entity Email Address: entuidioma@live.com Formation Date: 08/27/2012

Status: Active

Effective Date: 08/27/2021 Effective Time: 2:59 PM

Character of Business: Construction

Character of Business Sub Code: All Other Specialty Trade Contractors

Perpetual (forever)

Update Entity Information

**New Entity Name** 

**Statutory Agent Information** 

Name Attention Address Email

5502 W INDIAN SCHOOL RD, PHOENIX, AZ, JOHANA BALDERRAMA johana8025@gmail.com

85031, USA

Attention Mailing Address

5502 W INDIAN SCHOOL RD PHOENIX, AZ, 85031, USA

Principal Address

Attention Address

PO BOX 154, TOLLESON, AZ, 85353, USA

Principal Information

Management Structure: Member-Managed

Date Taking Title Name Attention Address Email Office

12171 W MOUNTAIN VIEW, Member JESUS BRAVO 4/17/2015

AVONDALE, AZ 85323, USA

PERLA K PO BOX 164, TOLLESON, AZ Member 8/27/2012

VIZCARRA PENA 85363, USA

LUIS ALFONSO 16595 W YUMA RD, 4/1/2021 Member

GOODYEAR, AZ 85338, USA **BRAVO** 

| Member                            | BRAVO<br>VIZCARRA                    | 16595 W YUMA RD,<br>GOODYEAR, AZ 85338, USA  | 7/15/2021                |
|-----------------------------------|--------------------------------------|--|--------------------------|
| I will uple                       | tem will create part of the Articles | s of Amendment from the information I have entered.  t to complete the filing. I will upload and use my of | own complete form as the |
| File Name ARTICLES ( Rejection Le | OF AMENDMENT-JB RESURFA<br>tter.pdf  | CING GROUP LLC.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: JESUS BRAVO Title: Member

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

# ARTICLES OF AMENDMENT

|     |                 |   |   | Read the II  | ISTRUCTIONS <u>LU151</u>   |         |
|-----|-----------------|---|---|--|--|---------|
| 1.  | ENT             | ITY NAME - give the exa   | act name of   | the LLC as curr  | ently shown in A.C.C. records:   |         |
|     | JB I            | RESURFACING GROU  | JP LLC  |  |  |         |
|     |                 | THE BOX NEXT TO<br>ETE THE REQUEST  |   |  | NG MADE AND<br>OR THAT CHANGE.   | e fil   |
| 2.  |                 | ENTITY NAME CHANG   | <b>E</b> − type or  | print the exact  | NEW name of the LLC in the space below:  |         |
| 3.  | <b>V</b>        | To REMOVE a member -<br>To ADD a member - list<br>To CHANGE ADDRESS of<br>To CHANGE NAME of exi | list the nand<br>the name a<br>nly - list the<br>sting memb | ne only of the mand address of the name and NEV per - list the cur | see Instructions L015i - Use one block per person - lember being removed and check "Remove member." he member being added and check "Add member." I address and check "Address change." rent name, then the NEW name, and check "Name change." mendment Attachment for Member form L044. | n       |
| 1.  |                 | · · · · · · · · · · · · · · · · · · ·   |   |  | 2.   |         |
| LU  | IS ED           | ntiy shown in ACC records<br>DUARDO BRAVO VIZ   | CARRA   |  | Name currently shown in ACC records  |         |
|     | W Name<br>595 W | YUMA RD   |   |  | NEW Name   |         |
| Ad  | iress 1         |   |   |  | Address 1  |         |
| l   | dress 2 (d      | ·   | AZ  | 85338  | Address 2 (optional)   |         |
| Cit |                 | UNITED STATES   | State or<br>Province  | Zip  | City State or Zip Province   |         |
| Co  | untry           |   |   | ······································                             | Country  |         |
|     | _               |   | iember<br>ve member   |  | Address change Add member  Name change Remove member   |         |
| 3.  | 1               |   |   |  | 4.   |         |
| Na  | me curre        | ntly shown in ACC records   | 14 14 1   | ·  | Name currently shown in ACC records  | · · · · |
| NE  | W Name          |   |   | 1 1 1 1  | NEW Name   |         |
| Ad  | dress 1         |   |   | · · · · · · · · · · · · · · · · · · ·                              | Address 1  |         |
| Ad  | dress 2 (       | optional)   |   |  | Address 2 (optional)   |         |
| Ci  | у               |   | State or<br>Province  | Zip  | City State or Zip Province   |         |
|     | =               |   | nember<br>ve member   |  | Country  Address change Add member  Name change Remove member  |         |

| 4.           | MANAGERS CHANGE TO REMOVE a manager To ADD a manager - li To CHANGE ADDRESS of To CHANGE NAME of ex If more space is needed | - list the<br>st the nar<br>only - list<br>xisting ma | name<br>ne and<br>the na<br>nager | only of the m<br>I address of t<br>me and NEW<br>- list the cur | nanager b<br>he mana<br>address<br>rent nam | eing removed a<br>ger being added<br>and check "Add<br>e, then the NEV | and check "R<br>I and check<br>Iress change<br>I name, and | ."<br>check "Na            | ame change."<br>3.          |
|--------------|---|---|-----------------------------------|---|---|--|--|----------------------------|-----------------------------|
| 1.           | <u> </u>  |   |                                   |   | 2.  |  |  |                            |                             |
|              |   | ****  |                                   |   |   |  |  |                            |                             |
| Name currer  | ntly shown in ACC records   |   |                                   |   | Name cur                                    | ently shown in ACC   | records  |                            |                             |
| NEW Name     | -   |   |                                   |   | NEW Nam                                     | <b>e</b> .   |  |                            |                             |
| Address 1    | · · · · · · · · · · · · · · · · · · ·   | ,   |                                   |   | Address 1                                   |  |  |                            |                             |
| Address 2 (d | optional)   |   |                                   | Market at 1   | Address 2                                   | (optional)   |  |                            |                             |
| City         |   | State or<br>Province                                  |                                   | Zip   | City  | × , 1  |  | State or<br>Province       | Zip                         |
| Country      |   |   |                                   | <del></del>   | Country                                     | 2  |  |                            |                             |
| Addı         | ress change Add i   | manager   |                                   |   | ☐ Ad  | dress change   | Add m  | anager                     |                             |
| ☐ Nam        | ne change Remo  | ove mana  | ger                               | era da jira   | ☐ Na  | me change  | Remov  | e manage                   | r                           |
| 6            | The filing will be statutory agent of an entity) and phy  | EMBER-M. rejected in CHANGE name (c                   | ANAGE fit is s - NE               | D LLC – com ubmitted with  W AGENT an individual                | plete and<br>hout the                       | attach the Mentachment.  TED - see Inst  REQUIRED -                    | nber Structuructions L01                                   | <u>5i</u> :<br>Iress in Ar |                             |
|              | (not a P.O. Box) in Ar<br>agent:  |   |                                   |   |   | Check box if   | same as str  | eet addres                 | s.                          |
| Statutory Ag | gent Name (required)  |   |                                   |   |   |  |  |                            |                             |
| Attention (o | ptional)  |   |                                   |   | Attentio                                    | n (optional)   |  |                            | 1                           |
| Address 1    |   |   |                                   |   | Address                                     | 1  |  | ,                          |                             |
| Address 2 (c | optional)   |   |                                   |   | Address                                     | 2 (optional)   |  |                            | 1                           |
| City         |   | State   | Zip ,                             |   | City  |  | .:   | State                      | Zip                         |
| 6.3          | REQUIRED – the State Amendment.   | utory Age   | nt Acce                           | eptance form  | M002 m                                      | ıst be submitte  | d along with   | these Arti                 | cles of                     |
|              |   |   |                                   |   |   |  |  |                            |                             |
| 7.           | STATUTORY AGENT and 7.2:  | ADDRES!   | S CHA                             | NGE – ADDI  | ESS OF                                      | CURRENT STA  | TUTORY AC  | GENT - co                  | mplete 7.1                  |
| 7.1          | NEW physical or str<br>(not a P. O. Box) in Ar<br>statutory agent:  |   |                                   | sting   |   |  | iling addres<br>agent (can l                               |                            | na of the existing<br>Box): |
|              |   |   |                                   |   |   |  |  |                            |                             |
| Attention (o | ptional)  |   |                                   | the section   | Attentio                                    | n (optional)   |  |                            | 1.1                         |
| Address 1    | -   | ٠.  |                                   |   | Address                                     | 1 .  |  |                            |                             |
| Address 2(o  | optional)   |   |                                   | ,   | Address                                     | 2 (optional)   |  | 1                          |                             |
| City         |   | State   | Zip                               |   | City  | <u> </u>   |  | State                      | Zíp                         |

L015.009 Rev: 5/2020

|                |                                | NEW prin   | cipal address t  | the same as   | s the street   | address o   | f the statutor   | y agent?   | 1 42 A.            |                              |          |
|----------------|--------------------------------|--|--|---|--|---|--|--|--------------------|------------------------------|----------|
| 8.1            | Is the                         | 11211 p.m.   |  |   |  |   |  |  |                    |                              |          |
|                |                                | res – go   | to number 9 a  | and continu   | e  |   | araika 1.  | i ajrayt   | 11.                |                              |          |
|                |                                | No – go  | to number 8.2  | 2 and contir  | nue  |   | . The second   | . : : :  |                    |                              |          |
| 2.7            | If you                         | answered   | "No" to numb   | ner 8.1. div  | e the <b>NFW</b>   | nrincipal   | address (car   | be outsid  | le of Arizo        | na and can                   | be a     |
|                | P.O. E                         |  | , no condina   | , o. 1, g.,   |  |   |  |  |                    | <u> </u>                     |          |
|                |                                |  |  |   |  |   |  |  |                    |                              |          |
|                | ·  -                           | Attention (op  | tional)  |   |  |   |  | · .  |                    |                              |          |
|                | _                              | Address 1  |  | <u> </u>  | · .  | · .   |  |  | <u> </u>           | ÷-                           | · ·      |
|                |                                | Audi ess 1   |  |   |  |   |  |  |                    |                              |          |
|                |                                | Address 2 (o   | ptional)   |   |  |   |  |  |                    |                              |          |
|                |                                | City   |  |   |  |   | State or<br>Province   | Zíp  |                    | .'                           |          |
|                |                                | Country  |  |   |  | ]-  | Frovince   | <u> </u>   | ·                  | ·. ·                         |          |
| _              |                                | Changing   | to a NON-PRO   | FESSIONAL   | L LLC (profe   | ssional LL  |  | regular L  |                    |                              |          |
|                |                                | Changing<br>ESSIONA  |  | FESSIONAL   | L LLC (profe   | ssional LL  | C becoming a   | regular L  |                    | rofessional                  | LLC will |
|                | PROF                           | Changing<br>ESSIONA  | to a NON-PRO   | FESSIONAL   | L LLC (profe   | ssional LL  | C becoming a   | regular L  |                    | rofessional                  | LLC will |
|                | <b>PROF</b> rende              | Changing<br>ESSIONA<br>er:   | to a NON-PRO   | OFESSIONAL  | LLC (profe   | ssional LL  | C becoming a   | regular L  | ices the p         |                              |          |
|                | PROF<br>rende                  | Changing ESSIONA er:   | to a NON-PRO   | CHANGE -  | describe to  | ssional LL<br>ne <b>NEW</b> t   | C becoming a ype of profess s not address  | regular Lisional serv                                | ices the p         | es on this f                 |          |
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| LATU LITER I 2 | OTHE your                      | Changing ESSIONA  R AMENE must attace  By check together  check only | to a NON-PRO  L SERVICES  OMENT - if are the to these Articles  cking the box remains with any attack. | CHANGE —  n amendments is a chiments is a chiments is a chiments. | describe the described the describ | ssional LL ne NEW t le that was complete of w, I acknow in complia I ACCEPT US BRAV   | C becoming a ype of profess s not address copy of the LL where with Arizance with Arizance with Arizans signing of the company of the company of the LL where with Arizance with Arizanc | regular Lisional served by the C's written on a law. | check box a amendm | es on this fent.  this docum | orm, th  |

Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cov

Arizona Corporation Commission - Examination Section Mail: Filing Fee: \$25.00 (regular processing) 1300 W. Washington St., Phoenix, Arizona 85007

All fees are nonrefundable - see Instructions.

Fax: 602-542-4100

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.



COMMISSIONERS

Corporations Division

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

Date: 8/27/2021 Delivered via: Email

Johana Balderrama

RE: Entity Name: JB RESURFACING GROUP LLC

 ACC Order Number:
 202108061362554

 Document Received Date:
 08/06/2021

 Rejected Document ID:
 10210984

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:** On the E-File revise the address listed for the added member to match the address listed on the attachment.

#### 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