

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

Document Fee: **\$25.00**

Entity Name: **ZAZZLE, L.L.C.**

Additional Fee: **\$0.00**

Entity Information

Entity Name: ZAZZLE, L.L.C.

Entity Type: Domestic LLC

Entity ID: L12346319

Management Structure: Manager-Managed

Entity Email Address:

Formation Date: 10/12/2005

Status: Active

Effective Date: 09/14/2021

Effective Time: 12:00PM

Character of Business: Any legal purpose

Character of Business Sub Code:

 Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name	Attention	Address	Email
GARY LAVERGNE		9545 N PREAKNESS , ORO VALLEY, AZ, 85737, USA	
Attention	Mailing Address		
	9545 N PREAKNESS ORO VALLEY, AZ, 85737, USA		

Principal Address

Attention	Address
	9545 N PREAKNESS , ORO VALLEY, AZ, 85737, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Manager	MARLENE I ZAPPIA		9545 N PREAKNESS , ORO VALLEY, AZ 85737, USA		10/18/2006
Member	THE LAVERGNE & ZAPPIA FAMILY REVOCABLE TRUST		9545 N PREAKNESS , ORO VALLEY, AZ 85737, USA		9/13/2021

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

AMEND ARTICLES 2021 - SIGNED.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: MARLENE I ZAPPIA

Title: Manager

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:

ZAZZLE, 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. MARLENE I. ZAPP Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) 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	2. Name currently shown in ACC records The Laverne & Zappia Family Revocable Trust NEW Name 9545 N. PREAKNESS PLACE Address 1 Address 2 (optional) ORO VALLEY AZ 85704 City UNITED STATES State or Province Zip Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member
3. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) 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	4. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) 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

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. MARLENE I. ZAPPIA				2.			
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
9545 N. PREAKNESS PLACE							
Address 1				Address 1			
Address 2 (optional)		State or Province	Zip	Address 2 (optional)		State or Province	Zip
ORO VALLEY		AZ	85704				
City	Country			City			
	UNITED STATES						
<input checked="" type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager				<input type="checkbox"/> Address change <input 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. <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)		State	Zip	Address 2 (optional)	
City				City	
6.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 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)		State	Zip	Address 2 (optional)	
City				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

Marlene I. Zappia
Signature

MARLENE I. ZAPPIA
Printed Name

9-13-21
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 individual authorized to sign this document. <div style="border: 1px solid black; padding: 2px;">MANAGER</div>	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document. <div style="border: 1px solid black; height: 20px;"></div>
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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.