

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

Document Fee: **\$25.00**

Entity Name: **EL MIRAGE GROUP HOME L.L.C.**

Additional Fee: **\$0.00**

Entity Information

Entity Name: EL MIRAGE GROUP HOME L.L.C.

Entity Type: Domestic LLC

Entity ID: 1869723

Management Structure: Manager-Managed

Entity Email Address: Inezandmarkcare@gmail.com

Formation Date: 06/21/2018

Status: Active

Effective Date: 05/27/2022

Effective Time: 08:48AM

Character of Business: Health Care and Social Assistance

Character of Business Sub Code: Other Residential Care Facilities

 Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name	Attention	Address	Email
GROVER ASEQUIA		13045 WEST PORT ROYALE LANE, EL MIRAGE, AZ, 85335, USA	groverasequia@gmail.com
Attention	Mailing Address	13045 WEST PORT ROYALE LANE EL MIRAGE, AZ, 85335, USA	

Principal Address

Attention	Address
EL MIRAGE GROUP HOME LLC	13054 W. PORT ROYALE LANE, EL MIRAGE, AZ, 85335, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Manager	INEZ SIOJO FLORES		13054 W. PORT ROYALE LANE, EL MIRAGE, AZ 85335, USA	INEZANDMARKCARE@GMAIL.COM	
Member	CHRISTIAN MARK FLORES		13054 W. PORT ROYALE LANE, EL MIRAGE, AZ	INEZANDMARKCARE@GMAIL.COM	

85335, USA

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

IMG1 .pdf

IMG2 .pdf

IMG3 .pdf

IMG4 .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: Inez Siojo Flores

Title: Manager

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. GROVER ASEQUIA <small>Name currently shown in ACC records</small>			2. INEZ SIOJO FLORES <small>Name currently shown in ACC records</small>		
NEW Name			NEW Name		
Address 1			Address 1		
13045 WEST PORT ROYAL LANE					
Address 2 (optional)			Address 2 (optional)		
EL MIRAGE	AZ	85335			
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES					
Country			Country		
<input type="checkbox"/> Address change <input checked="" 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 checked="" type="checkbox"/> Remove manager		

5. ☐ **MANAGEMENT STRUCTURE CHANGE** - see Instructions L015 - 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 L042. 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 L043. The filing will be rejected if it is submitted without the attachment.

6. <input checked="" type="checkbox"/> STATUTORY AGENT CHANGE - NEW AGENT APPOINTED - see Instructions L015:					
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 checked="" type="checkbox"/> Check box if same as street address.		
GROVER ASEQUIA <small>Statutory agent name (required)</small>					
<small>Address (optional)</small>			<small>Address (optional)</small>		
Address 1 13045 WEST PORT ROYAL LANE			Address 1		
Address 2 (optional) City EL MIRAGE		AZ State	85335 Zip	Address 2 (optional) City	
				State Zip	
6.3 REQUIRED - the Statutory Agent Acceptance 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):		
<small>Address (optional)</small>			<small>Address (optional)</small>		
Address 1			Address 1		
Address 2 (optional) City		State Zip	Address 2 (optional) City		State Zip



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

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

EL MIRAGE GROUP HOME

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

GROVER ASEQUIA

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

GROVER ASEQUIA

05/24/2022

Signature

Printed Name

Date

REQUIRED – check only one:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. | <input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|---|---|

Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) All fees are nonrefundable - see Instructions.	Mall: 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.

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:

EL MIRAGE GROUP HOME

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. ALLEN VALENCIA <small>Name currently shown in ACC records</small>	2. CHRISTIAN MARK FLORES <small>Name currently shown in ACC records</small>
NEW Name	NEW Name
Address 1 13045 WEST PORT ROYALE LANE	Address 1
Address 2 (optional) EL MIRAGE	Address 2 (optional)
City UNITED STATES	City
State or Province AZ	State or Province
Zip 85335	Zip
Country	Country
<input type="checkbox"/> Address change <input type="checkbox"/> Name change	<input type="checkbox"/> Address change <input type="checkbox"/> Name change
<input checked="" type="checkbox"/> Add member <input type="checkbox"/> Remove member	<input type="checkbox"/> Add member <input checked="" type="checkbox"/> Remove member
3. <small>Name currently shown in ACC records</small>	4. <small>Name currently shown in ACC records</small>
NEW Name	NEW Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country	Country
<input type="checkbox"/> Address change <input type="checkbox"/> Name change	<input type="checkbox"/> Address change <input type="checkbox"/> Name change
<input type="checkbox"/> Add member <input type="checkbox"/> Remove member	<input type="checkbox"/> Add member <input type="checkbox"/> Remove member

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.)

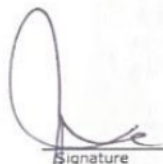
Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

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:S
W11. ☐ **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.



Signature

☒ I ACCEPT

INEZ SIOJO FLORES

Printed Name

8/24/2022

Date (mm/dd/yy)

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:

<input 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.

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

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.