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:

F & R 32ND STREET CENTER, LLC

CHECK T	THE	вох	NEXT	TO E	ACH	CHANGE	BEING	MADE	AND
COMPLE	TE	THE F	REQUE	STEL	INF	ORMATI	ON FOR	THAT	CHANGE.

**ENTITY NAME CHANGE –** type or print the exact NEW name of the LLC in the space below:

To ADD a member - list the name and address of to To CHANGE ADDRESS only - list the name and NEV	nember being removed and check "Remove member." The member being added and check "Add member." Waddress and check "Address change." The name, then the NEW name, and check "Name change."
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 State or Zip Province	City State or Zip Province
Country	Country
Address change Add member  Name change Remove member	Address change Add member  Name change 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)	Address 2 (optional)
Address 2 (optional)  City State or Province Zip	
Address 2 (optional)  City State or Province Zip  Country	Address 2 (optional)  City State or Province  Country
Address 2 (optional)  City State or Province Zip	Address 2 (optional)  City State or Zip Province

L015.009 Rev: 5/2020

4.		MANAGERS CHANGE TO REMOVE a manager TO ADD a manager - I TO CHANGE ADDRESS TO CHANGE NAME of e If more space is neede	r - list the list the na only - list existing ma	name only of the me and address of the name and NE anager - list the cu	manager being rem the manager being V address and cheo rrent name, then tl	noved and check ' added and check ck "Address chang he NEW name, an	c "Add man ge." id check "N	lager."
1.					2.			
Nam	e currer	ntly shown in ACC records			Name currently shown	in ACC records		
NEW	Name				NEW Name			
Addi	ress 1				Address 1			
Addı	ress 2 (d	optional)			Address 2 (optional)			
City		¥	State or Province		City	-	State or Province	Zip
Cou		ress change	managar		Country			
H			manager ove mana	ager	Address cha		manager ove manage	er
		form L040. The CHANGING TO M The filing will be	IANAGER- filing will IEMBER-M rejected i	MANAGED LLC - co be rejected if it is s IANAGED LLC - con if it is submitted wi	implete and attach ubmitted without to implete and attach to shout the attachme	the <u>Manager Stru</u> he attachment. he <u>Member Struc</u> nt.	ture Attach	
6.	~	STATUTORY AGENT	CHANGE	- NEW AGENT	APPOINTED - se	e Instructions LO	4.5%	
						C Tristi decions Lo	15/:	
	6.1	REQUIRED – give the or an entity) and phy (not a P.O. Box) in Al agent:	ysical or	street address	6.2 REQUI	RED - mailing ac	ddress in Ar m street addre	ess (can be a P.O. Box):
Stati		or an entity) <b>and <i>ph</i>y</b> (not a P.O. Box) in Ai	ysical or	street address	6.2 REQUI	RED – mailing ac y Agent, if different fro box if same as st	ddress in Ar m street addre	ess (can be a P.O. Box):
		or an entity) and phy (not a P.O. Box) in Ai agent:	ysical or	street address	6.2 REQUI Statutor  Check  ELIAS YOM1  Attention (optional)	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN	ddress in Ar m street addre reet addres	ess (can be a P.O. Box):
Atter	itory Ag	or an entity) and phy (not a P.O. Box) in Ai agent:	ysical or	street address	6.2 REQUI Statutor  Check  ELIAS YOM1  Attention (optional)	RED – mailing ac y Agent, if different fro box if same as st	ddress in Ar m street addre reet addres	ess (can be a P.O. Box):
Atter	utory Ag ntion (op ess 1	or an entity) and phy (not a P.O. Box) in Ai agent: ent Name (required)	ysical or	street address	6.2 REQUI Statutor  Check  Check  ELIAS YOMT  Attention (optional)  C/O ESTRELI  Address 1  6436 W. GLE	(RED - mailing ac y Agent, if different fro box if same as st COUBIAN LA ALTERAT NDALE AVE.	ddress in Ar m street addre reet addres	ess (can be a P.O. Box):
Atter Addr	utory Ag ntion (op ess 1	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  ptional)	ysical or	street address the NEW statutory	6.2 REQUI Statutor  Check  Check  ELIAS YOM1  Attention (optional)  C/O ESTRELI  Address 1  6436 W. GLE  Address 2 (optional)	(RED - mailing ac y Agent, if different fro box if same as st (TOUBIAN LA ALTERAT NDALE AVE.	ddress in Arm street address reet address	85301
Atter	utory Ag ntion (op ess 1	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  ptional)	ysical or rizona of t	street address the NEW statutory .	6.2 REQUI Statutor  Check  Check  ELIAS YOMT  Attention (optional)  C/O ESTREL  Address 1  6436 W. GLE  Address 2 (optional)  City GLENDA	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE.	ddress in Arm street address reet address ION	85301 Zip
Atter Addr	ntion (opess 1	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  pitional)  REQUIRED - the State	ysical or rizona of t rizona of t State utory Age	street address the NEW statutory .  Zip nt Acceptance form	6.2 REQUINE Statutor  Check  ELIAS YOM TALENTIAL Attention (optional)  C/O ESTRELI  Address 1  6436 W. GLE  Address 2 (optional)  City GLENDA  M002 must be sufficient.	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE.	ddress in Arm street address reet address re	85301 Zip icles of
Atter Addr Addr City	ntion (opess 1	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  ptional)  REQUIRED - the State Amendment.	State utory Age	zip nt Acceptance form S CHANGE - ADD	6.2 REQUINESTATION Statutor Check  ELIAS YOMT Attention (optional) C/O ESTRELI Address 1 6436 W. GLE Address 2 (optional) City GLENDA M002 must be sub	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE. ALE emitted along with	ION  AZ State h these Art	85301 Zip icles of
Addr Addr City	ess 1 ess 2 (o	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  pitional)  REQUIRED - the State Amendment.  STATUTORY AGENT and 7.2:  NEW physical or str (not a P. O. Box) in Ai	State utory Age	zip nt Acceptance form S CHANGE - ADD	6.2 REQUINESTATION Statutor Check  ELIAS YOMT Attention (optional) C/O ESTRELI Address 1 6436 W. GLE Address 2 (optional) City GLENDA M002 must be sub	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE. ALE crited along with	ION  AZ State h these Art	85301 Zip icles of
Addr City  7.	ess 1 ess 2 (o	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  pitional)  REQUIRED - the State Amendment.  STATUTORY AGENT and 7.2:  NEW physical or str (not a P. O. Box) in Ai statutory agent:	State utory Age	zip nt Acceptance form S CHANGE - ADD	6.2 REQUINESTATION  Statutor  Check  ELIAS YOMT  Attention (optional)  C/O ESTRELI  Address 1  6436 W. GLE  Address 2 (optional)  City GLENDA  M002 must be suffered by the su	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE. ALE crited along with	ION  AZ State h these Art	85301 Zip icles of
Addr Addr City	ntion (opess 1  6.3  7.1	or an entity) and phy (not a P.O. Box) in Ai agent:  ment Name (required)  pitional)  REQUIRED - the State Amendment.  STATUTORY AGENT and 7.2:  NEW physical or str (not a P. O. Box) in Ai statutory agent:	State utory Age	zip nt Acceptance form S CHANGE - ADD	6.2 REQUINERATION Statutor Value Check  ELIAS YOM Attention (optional)  C/O ESTRELL Address 1  6436 W. GLE  Address 2 (optional)  City GLENDA  M002 must be suffered by the state of the st	RED - mailing ac y Agent, if different fro box if same as st TOUBIAN LA ALTERAT NDALE AVE. ALE critted along with T STATUTORY A W mailing addre	ION  AZ State h these Art	85301 Zip icles of

8.		PRINCIPAL ADDRESS CHANGE:		
	8.1	Is the NEW principal address the same as the street address of	f the statuto	ry 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 <b>NEW principal</b> P.O. Box.)	address (ca	n be outside of Arizona and can be э
		YOUSEF FARAHNIK		
		Attention (optional)		
		Address 1		
		10551 WILSHIRE BLVD. SUITE 805 Address 2 (optional)	T	
		LOS ANGELES	CA State or	90024
		Country SAUDI ARABIA	Province	Zip
_				
9.		ENTITY TYPE CHANGE - if changing entity type, check one		
		Changing to a PROFESSIONAL LLC – number 10 must als		
		Changing to a NON-PROFESSIONAL LLC (professional LLC	C becoming a	a regular LLC).
10.		PROFESSIONAL SERVICES CHANGE - describe the NEW ty	pe of profes	sional services the professional LLC will
		render:		
11.		OTHER AMENDMENT - if an amendment was made that was	not address	ed by the check haves on this form, then
		you must attach to these Articles of Amendment a complete of		
SIG	NATU	URE: By checking the box marked "I accept" below, I acknow together with any attachments is submitted in compliant.		
		together with any accommends is submitted in compilar	ice with Anz	ona raw.
		I ACCEPT		
	1	ELIAS		5/24/2022
	lature U1RE	Printed Name  ED – check only one and fill in the corresponding blank if signing	n for an entit	Date (mm/dd/yy)
				n behalf of an <b>entity</b> that is
	1 01	at	ithorized to s	sign this document.
	E	ELIAS YOMTOUBIAN		
vnod	ited :	or Same Day/Next Day services are available for an addition	ional for	con Instructions on Court short for

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 retain 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) 806-345-5819.

EE OF		
	DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.	
	STATUTORY AGENT ACCEPTANCE  Please read Instructions M002i	
	ENTITY NAME – give the exact name in Arizona of the corporation or LLC tha Statutory Agent (this must match exactly the name as listed on the document a statutory agent, e.g., Articles of Organization or Articles of Incorporation): F&R 32ND Street Center. LLC	at has appointed the appointing the
	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appentity listed in number 1 above (this will be either an individual or an entity). A must match exactly the statutory agent name as listed in the document that a statutory agent (e.g. Articles of Incorporation or Articles of Organization), inclunitial or suffix:	VOTE - the name appoints the
	ELIAS YOMTOUBIAN	
	STATUTORY AGENT SIGNATURE:  By the signature appearing below, the individual or entity named in number 2 a accepts the appointment as statutory agent for the entity named in number 1 a acknowledges that the appointment is effective until the appointing entity replacement or the statutory agent resigns, whichever occurs first.	above, and
	STATUTORY AGENT SIGNATURE:  By the signature appearing below, the individual or entity named in number 2 a accepts the appointment as statutory agent for the entity named in number 1 a acknowledges that the appointment is effective until the appointing entity repla	above, and aces the statutory he information
	STATUTORY AGENT SIGNATURE:  By the signature appearing below, the individual or entity named in number 2 a accepts the appointment as statutory agent for the entity named in number 1 a acknowledges that the appointment is effective until the appointing entity replacement or the statutory agent resigns, whichever occurs first.  The person signing below declares and certifies under penalty of perjury that the contained within this document together with any attachments is true and corn	above, and aces the statutory he information rect, and is
	STATUTORY AGENT SIGNATURE:  By the signature appearing below, the individual or entity named in number 2 a accepts the appointment as statutory agent for the entity named in number 1 a acknowledges that the appointment is effective until the appointing entity replacement or the statutory agent resigns, whichever occurs first.  The person signing below declares and certifies under penalty of perjury that the contained within this document together with any attachments is true and cornsubmitted in compliance with Arizona law.	above, and aces the statutory he information rect, and is
Sig	By the signature appearing below, the individual or entity named in number 2 a accepts the appointment as statutory agent for the entity named in number 1 a acknowledges that the appointment is effective until the appointing entity replatagent or the statutory agent resigns, whichever occurs first.  The person signing below declares and certifies under penalty of perjury that the contained within this document together with any attachments is true and corn submitted in compliance with Arizona law.  ELIAS YOMTOUBIAN	above, and aces the statutory he information rect, and is

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If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

Mail:

Fax:

Filing Fee: none (regular processing)

All fees are nonrefundable - see Instructions.

Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100