Arizona Corporation Commission - RECEIVED: 9/9/2022
Arizona Corporation Commission - FILED: 8/16/2022
22090918496492

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:	RECLAIM HEALTH, PLLC
ENTITY ID:	23096936
ENTITY TYPE:	Domestic Professional LLC
PERIOD OF DURATION:	Perpetual
PROFESSIONAL SERVICES:	practice of medicine
CHARACTER OF BUSINESS:	Health Care and Social Assistance
MANAGEMENT STRUCTURE:	Member-Managed

FORMER ENTITY NAME True Health PHX, PLLC

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	Jade Malay
PHYSICAL ADDRESS:	11333 N Scottsdale Rd, Suite 230, SCOTTSDALE, AZ 85254
MAILING ADDRESS:	11333 N Scottsdale Rd, Suite 230, SCOTTSDALE, AZ 85254

KNOWN PLACE OF BUSINESS

Att: Dr. Jade Malay, 11333 N Scottsdale Rd, Suite 230, SCOTTSDALE, AZ 85254

PRINCIPALS

Member: Jade Malay - 6575 S. Redwood Rd., 350, SALT LAKE CITY, UT, 84123, USA - drjademalay@gmail.com - Date of Taking Office:

SIGNATURE

Authorized Agent: Wade Emmert - 09/09/2022

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:

   True Health PHX, PLLC

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:

   Reclaim Health, PLLC

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.
Shamis Tate 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 Province / Zip	City / State or Province / Zip
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)
City / State or Province / Zip	City / State or Province / Zip
Country	Country
☐ Address change ☐ Add member ☐ Name change ☐ Remove member	☐ Address change ☐ Add member ☐ Name change ☐ 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.	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 Province / Zip	City / State or Province / Zip
Country	Country
☐ Address change ☐ Add manager ☐ Name change ☐ Remove manager	☐ Address change ☐ Add manager ☐ Name change ☐ 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): ☐ Check box if same as street address.
Statutory Agent Name (required)	
Attention (optional)	Attention (optional)
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City / State / Zip	City / State / Zip

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):
Jade Malay	Jade Malay
Attention (optional) 11333 N. Scottsdale Rd.	Attention (optional) 11333 N. Scottsdale Rd.
Address 1 Suite 230	Address 1 Suite 230
Address 2(optional) City Scottsdale / State AZ / Zip 85254	Address 2 (optional) City Scottsdale / State AZ / Zip 85254

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	Printed Name	Date (mm/dd/yy)
	Wade Emmert	09/14/2022

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

☒ I am an **individual** authorized to sign this document.	☐ I am signing on behalf of an **entity** that is authorized to sign this document.
Wade Emmert, Organizer and Attorney in Fact	

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.