Clear Form

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

ARTICLES OF AMENDMENT TO FOREIGN REGISTRATION STATEMENT

Read the Instructions <u>L017i</u>

	cc	MA, LLC
		K THE BOX NEXT TO EACH CHANGE BEING MADE AND LETE THE REQUESTED INFORMATION FOR THAT CHANGE.
2.		LLC NAME CHANGE - NAME IN STATE OR COUNTRY OF FORMATION (Foreign Name) - type or print the exact NEW name:
3.		LLC NAME CHANGE – NAME USED IN ARIZONA (Entity Name) – type or print the exact NEW name. NOTE: If you are a Foreign Series LLC, the new name must have "series" in it:
4.		ENTITY TYPE CHANGE – check one and follow instructions: NOTE: you may not change to or from a Foreign Series LLC.
		☐ Changing to a PROFESSIONAL LLC – number 6 must also be completed.
		☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).
5.		PROFESSIONAL SERVICES CHANGE – list the NEW type of professional services the professional LLC will render:

7.		PURPOSE / CHAR of business:	ACTER	OF BUSINESS	CHANGE – state the NEW po	urpose o	r character
8.		being made with re-	spect to	one or more me	ERS) – <u>see Instructions L012</u> embers, complete and attach filing will be rejected if it is se	the Am	endment
9.		being made with re	spect to	one or more ma	AGERS) – <u>see Instructions L</u> anagers, complete and attac filing will be rejected if it is s	h the <u>An</u>	nendment
10.					see Instructions L017i – chec I be listed on the appropriate at		
		☐ CHANGING TO	MANAG	ER-MANAGED LL	C - complete and attach the Mana	ger Struc	ture .
					d if it is submitted without the attac		
					C – complete and attach the <u>Member</u> and if it is submitted without the attach		e <u>e</u>
11.	. 🗆	STATUTORY AGE	NT CH	ANGE - NEW	AGENT APPOINTED - see		
	11	 REQUIRED – give the an individual or an e 			11.2 REQUIRED - Mailing Statutory Agent, if d		
		or street address	not a P.O	. Box) in	(can be a P.O. Box):		
		Arizona of the NEW	statutory	agent:	Check box if same as	street add	ress.
Statu	itory A	Agent Name			1		
Atten	ntion (optional)			Attention (optional)		
		,					
Addr	ess 1				Address 1		
Addr	ess 2	(optional)			Address 2 (optional)	Ι	
City			State	Zlp	City	State	Zip
	11.	.3 REQUIRED - the	Statutory A	gent Acceptance form N	1002 must be submitted along with these	e Articles of	Amendment
L							
		CTATUTODY ACI	INT CU	ANCE ADDRE	SS OF EXISTING STATUT	OPV AG	ENT _
12		omplete 12.1 and 12		ANGE - ADDRE	35 OF EXISTING STATO	OKI AG	LIVI -
		2.1 NEW physical or s		iress	12.2 NEW mailing addr	ess in Ariz	ona
	-	(not a P.O. Box) in	Arizona of		of the existing statu be a P.O. Box):		
-		existing statutory a	gent:		De a F.O. Box).		
Atte	ntion	(optional)			Attention (optional)		
844	race 1				Address 1		
Addr	ress 1				7.2.2.2.2		
Addi	ress 2	(optional)	Γ		Address 2 (optional)	T	
				Zin	City	State	Zip

13. X	PRINCIPAL ADDRESS CHA	ANGE - IISC	CHE NEW	auui ess.	

Attention (op	tional)		
2410 N Fo	rest Rd. Suite 100		
Address 1			
Address 2 (or	otional)	T .	
Getzville		NY	14068
City	UNITED STATES	State or Province	Zip

14. X JURISDICTION OF FORMATION INFORMATION:

14.1 List the NEW Foreign LLC street address in jurisdiction of formation:

			* ,
Attention (option	al)		
1209 Orange	Street		
Address 1			
Address 2 (option	nal)	Delevere	19801
Wilmington	~ ,	Delaware	
City	UNITED STATES	State or Province	Zip
Country	UNITED STATES		

14.2 List the NEW statutory agent in the jurisdiction of formation and the statutory agent's NEW street and mailing addresses.

Statutory agent name:	
-----------------------	--

Street address in jurisdiction of formation:

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

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
	IGN JURISDICTION - if this amendme	
domicile, you must attack	n amendment or restatement of the LLC h a certified copy of that foreign amend	ment, and it must be dated
not more than 60 days p	rior to its delivery to the Arizona Corpor	ration Commission.
		,
NATURE: By checking the	box marked "I accept" below, I acknow document together with any attachment	rledge <i>under penalty</i>
compliance with		
	▼ I ACCEPT	
Bua Jempson	Brian Dempsey	9/21/23
ature	Printed Name	Date
V		
	nd fill in the corresponding blank if signi	ing for an entity:
QUIRED - check only one ar		
	d to sign this document.	behalf of an entity that is
QUIRED - check only one ar		behalf of an entity that is n 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 (for Regular or Expedite Service ONLY): 602-542-4100

Fax (for Same Day/Next Day Service ONLY): 602-542-0900

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.

L017.006 Rev: 1/2021