ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:

ENTITY ID:

ENTITY TYPE:

PERIOD OF DURATION:

RESITREND LLC

23274886

Domestic LLC

Perpetual

PROFESSIONAL SERVICES:

CHARACTER OF BUSINESS: Construction

MANAGEMENT STRUCTURE: Manager-Managed

FORMER ENTITY NAME

No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: American Contractor Insurance and Bonds, Inc.
PHYSICAL ADDRESS: 6717 N Black Canyon Hwy., PHOENIX, AZ 85015
MAILING ADDRESS: 6717 N Black Canyon Hwy., PHOENIX, AZ 85015

KNOWN PLACE OF BUSINESS

1125 W Pinnacle Peak Rd Bldg 3, Ste. 127, PHOENIX, AZ 85027

PRINCIPALS

Member and Manager: Matute Holdings LLC - 1309 Coffeen Ave Ste 1200, SHERIDAN, WY, 82801, USA - - Date of Taking Office:

Member and Manager: Ryan Howell - 9322 W Yellow Bird Lane, PEORIA, AZ, 85383, USA - - Date of Taking

Office:

Member and Manager: Zach Stine - 25035 N 41st Drive, PHOENIX, AZ, 85083, USA - - Date of Taking Office:

SIGNATURE

Manager: Jacqueline Chacon - 10/17/2023

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

ARTICLES OF AMENDMENT

Read the Instructions <u>L015i</u>										
1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:										
	RESITREND LLC									
	ECK THE BOX NEXT TO MPLETE THE REQUEST	ED INFOR	MATION F	OR THA	T CHANG		helow:			
		- type o. p.	me eno exace	TIETT HUITE	0. 1.10 220 11.	tive space	50.0111			
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.										
ı. Iaco	ueline Chacon			2.						
	e currently shown in ACC records			Name currer	itly shown in ACC	records				
				Matute Holdings LLC						
NEW	Name		NEW Name 1309 Coffeen Ave Ste 1200							
Addr	ess 1			Address 1						
Addr	ess 2 (optional)			Address 2 (o Sheridan			WY	82801		
City		State or Province	Zip	City	UNITED S	TATES	State or Province	Zip		
Coun	try			Country						
	Address change Add me	ember		Address change Add member						
	Name change		☐ 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						
Addr	ess 2 (optional)			Address 2 (o	ptional)					
City		State or Province	Zip	City			State or Province	Zip		
Coun	Address change Add me		Country Address change Add member							

Name change

Name change

Remove member

Remove member

T T	o CHANGE A	ADDRESS NAME of	only - lisexisting n	st the nan nanager -	ne and NEW list the curr	address a ent name		dress chang V name, an	je." d check "N	lame change."	
I	r more spac	e is need	ea, comp	iete and a	ittach the <u>Ar</u>	nenamen	t Attachment	or Manager	s form LO2	1 5.	
					2.						
Jacqueline											
Name currently	shown in ACC	records					ntly shown in ACC				
NEW Name						NEW Name	Holdings LLC				
							ffeen Ave St	e 1200			
Address 1						Address 1					
					Address 2 (optional) Sheridan WY 82801						
City			State o	or Z	ip.	Sheridan				Zip	
Province			UNITED STATES Province								
Country						Country					
Addres	ss change	Add	manager	r		Address change Add manager					
Name	change	√ Ren	nove man	ager		Nam	ne change	Remo	ve manage	er	
6. STATUTORY AGENT CHANGE – NEW AGENT 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: Statutory Agent Name (required)											
Attention (optional)					Attention (optional)						
Address 1						Address 1					
Address 2 (option	onal)					Address 2 (optional)					
City			State	Zip		City			State	Zip	
6.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form Amendment.				tance form N	n M002 must be submitted along with these Articles of						
	STATUTORY and 7.2:	AGENT	ADDRES	S CHAN	GE – ADDRI	ESS OF C	URRENT STA	TUTORY A	GENT – co	omplete 7.1	
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(option	onal)			1		Address 2	(optional)		T		
City			State	Zip		City			State	Zip	

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 "R

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	Yes – go to number 9 and continue						
		☐ No − go to number 8.2 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					
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: 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 <i>under penalty of law</i> that this document together with any attachments is submitted in compliance with Arizona law. I ACCEPT									
Ja	lgu	Line Chacon Jacque	eline Chacon	10/17/2023					
Sigr	ature	Printed N	ame	Date (mm/dd/yy)					
	UIRE	ED – check only one and fill in the corresponding blank							
	I aı	m an individual authorized to sign this document.		behalf of an entity that is gn this document.					
	Jac	cqueline Chacon - Manager							
				-					

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

ing Fee: \$25.00 (regular processing)	Mail:	Arizona Corporation Commission - Examination Section		
		1300 W. Washington St., Phoenix, Arizona 85007		
All fees are nonrefundable - see Instructions.		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.