

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME:	INVERT LLC
ENTITY ID:	23035231
ENTITY TYPE:	Domestic LLC
PERIOD OF DURATION:	Perpetual
PROFESSIONAL SERVICES:	
CHARACTER OF BUSINESS:	Other - Asset Holding LLC
MANAGEMENT STRUCTURE:	Manager-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME:	TODD A GOVIG
PHYSICAL ADDRESS:	7150 E CAMELBACK RD, STE 555, SCOTTSDALE, AZ 85251
MAILING ADDRESS:	7150 E CAMELBACK RD, STE 555, SCOTTSDALE, AZ 85251

KNOWN PLACE OF BUSINESS

Att: Todd Govig, 7150 E CAMELBACK RD, STE 555, SCOTTSDALE, AZ 85251

PRINCIPALS

Member and Manager: Todd Govig - 7150 E Camelback Rd., Suite 555, SCOTTSDALE, AZ, 85251, USA - todd@govig.com - Date of Taking Office: 11/06/2019

SIGNATURE

Authorized Agent: Todd A Govig - 11/10/2023

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:

Invert, LLC

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. April Maiden McGrath Name currently shown in ACC records				2. Name currently shown in ACC records			
NEW Name 6111 North Camelback Manor Drive Address 1				NEW Name Address 1			
Address 2 (optional) Paradise Valley		AZ	85253	Address 2 (optional)			
City UNITED STATES	State or Province UNITED STATES	Zip 85253		City 	State or Province 	Zip 	
Country ☐ Address change ☐ Add member ☐ Name change ☒ Remove member				Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member			
3. Name currently shown in ACC records				4. Name currently shown in ACC records			
NEW Name Address 1				NEW Name Address 1			
Address 2 (optional)				Address 2 (optional)			
City 	State or Province 	Zip 		City 	State or Province 	Zip 	
Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member				Country ☐ 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."
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 If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

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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	City		State or Province
Country			Country		
☐ Address change	☐ Add manager		☐ Address change	☐ Add manager	
☐ Name change	☐ Remove 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 – <u>see Instructions L015i</u>:					
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 <u>Statutory Agent Acceptance</u> 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):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
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City	State	Zip	City	State	Zip

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		
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9. ☐ **ENTITY TYPE CHANGE** – if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC – number 10 must also be completed.
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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)
 Todd A Govig 11/10/23

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☒ I am an individual authorized to sign this document.	☐ I am signing on behalf of an entity that is authorized to sign this document.

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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
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1. April Maiden McGrath Trust, dated December 13, 2012 Name currently shown in ACC records NEW Name 6111 North Camelback Manor Drive Address 1 Address 2 (optional) Paradise Valley AZ 85253 City UNITED STATES State or Province Zip Country ☐ Address change ☐ Add member ☐ Name change ☒ Remove member	2. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member
3. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member	4. Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Zip Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member

4. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person –**
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NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City		State or Province	City		State or Province
Country			Country		
☐ Address change	☐ Add manager		☐ Address change	☐ Add manager	
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Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
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Attention (optional)			Attention (optional)		
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Attention (optional)		
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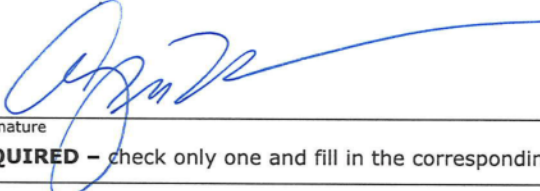
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Signature Printed Name Date (mm/dd/yy)

April Maiden McGrath 11/10/23

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Country ☐ Address change ☐ Add member ☐ Name change ☒ Remove member				Country ☐ Address change ☐ Add member ☐ Name change ☐ Remove member			
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April Maiden McGrath

11/10/23

Signature

Printed Name

Date (mm/dd/yy)

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☒ I ACCEPT


Todd Govig
Printed Name

10/31/2023
Date (mm/dd/yy)

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