

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: AZ DIGITAL HANDYMAN LLC
ENTITY ID: 23113432
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Any legal purpose
MANAGEMENT STRUCTURE: Manager-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Michael Hicks
PHYSICAL ADDRESS: 9254 W. Patrick Ln., PEORIA, AZ 85383
MAILING ADDRESS: 9254 W. Patrick Ln., PEORIA, AZ 85383

KNOWN PLACE OF BUSINESS

Att: Michael Hicks, 9254 W. Patrick Ln., PEORIA, AZ 85383

PRINCIPALS

Manager: Katherine McKnight Hicks - 9254 W. Patrick Ln., PEORIA, AZ, 85383, USA - kate@azdts.com - Date of Taking Office:

Manager: Michael Adam Hicks - 9254 W. Patrick Ln., PEORIA, AZ, 85383, USA - michael@azdts.com - Date of Taking Office:

Member: Trustees of the Katherine and Michael Hicks Family Trust dated January 17, 2023 - 9254 W. Patrick Ln., PEORIA, AZ, 85383, USA - michael@azdts.com - Date of Taking Office:

SIGNATURE

Authorized Agent: Kara Noble - 12/04/2023

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:

AZ Digital Handyman 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.				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			
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> 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			
<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				<input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> 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 "R"
 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	City		State or Province
Country			Country		
<input type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager			<input type="checkbox"/> Address change <input type="checkbox"/> Add manager <input type="checkbox"/> Name change <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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):		
Michael Hicks			<input checked="" type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional) 9254 W. Patrick Ln.			Attention (optional)		
Address 1			Address 1		
Address 2 (optional) City Peoria		AZ State	85383 Zip		
6.3 REQUIRED – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Amendment.					

7. <input type="checkbox"/> 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		
Address 2(optional)			Address 2 (optional)		
City		State	City		State
		Zip			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		
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

<i>Kara Noble</i>	Kara Noble	09/08/2023
Signature	Printed Name	Date (mm/dd/yy)

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

<input checked="" type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
Kara Noble	

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
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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.

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MANAGER STRUCTURE ATTACHMENT**1. ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

AZ Digital Handyman LLC

2. MANAGERS/MEMBERS - give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. **Use one block per person.** Check the appropriate box or boxes below each person listed. If more space is needed, use another [Manager Structure Attachment](#) form.

1. Michael Adam Hicks Name 9254 W. Patrick Ln. Address 1 Address 2 (optional) Peoria AZ 85383 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				2. Katherine McKnight Hicks Name 9254 W. Patrick Ln. Address 1 Address 2 (optional) Peoria AZ 85383 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			
3. Trustees of the Katherine and Michael Hicks Family Trust dated Name 9254 W. Patrick Ln. Address 1 Address 2 (optional) Peoria AZ 85383 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more				4. January 17, 2023 Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			
5. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more				6. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more			