Entity Information

Entity Name: STONE CARE OF ARIZONA LLC Entity Type: Domestic LLC

Entity ID: L18601690 Management Structure: Manager-Managed

Entity Email Address: leslie.morrow.sphr@gmail.com Formation Date: 07/15/2013

Status: Active

Effective Date: 01/01/2024 Effective Time: 12:00AM

Character of Business: Other Services (except Public Administration)
Character of Business Sub Code: Other Personal Care Services

Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name Attention Address Email

LESLIE MORROW 16427 N Scottsdale Road, Suite 410, SCOTTSDALE, AZ, leslie.morrow.sphr@gmail.com

85254, USA

Attention Mailing Address

16427 N Scottsdale Road Suite 410, SCOTTSDALE, AZ, 85254, USA

Principal Address

Attention Address

Leslie Morrow 16427 N Scottsdale Road, Suite 410, SCOTTSDALE, AZ, 85254, USA

Principal Information

Management Structure: Manager-Managed

Fitle Name Attention Address Email Date Taking

Office

Member and Manager Leslie Morrow Leslie Morrow Leslie Morrow 16427 N Scottsdale Road, Suite 410, SCOTTSDALE, AZ 85254, USA leslie.morrow.sphr@gmail.com 7/15/2023

Uploaded Attachments

The eCorp system will create part of the Articles of Amendment from the information I have entered.

I will upload only the text of the amendment to complete the filing.
I will upload and use my own complete form as the official Articles of Amendment.

File Name

File Name

Articles of Amendment Stone Care of Arizona LLC.pdf

Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

I Agree

Signature: Leslie Morrow

Title: Manager

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:				
	Stone Care of Arizona LLC				

CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

3.	V	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 <u>Amendment Attachment for Member form L044</u> .

ENTITY NAME CHANGE – type or print the exact NEW name of the LLC in the space below:

1.	2.
Temerity Enterprises LLC	Leslie Morrow
Name currently shown in ACC records	Name currently shown in ACC records
NEW Name	NEW Name
16427 N Scottsdale Road	16727 N Scottsdale Road
Address 1	Address 1
Suite 410	Suite 410
Address 2 (optional)	Address 2 (optional)
Scottsdale AZ	Scottsdale AZ 85254
City State or Zip	City State or Zip
Province	▼ Province
Country	Country
Address change Add member	Address change Add member
☐ Name change ✓ Remove member	Name change Remove member
3.	4.
3.	4.
Name currently shown in ACC records	Name currently shown in ACC records
Name currently shown in ACC records	Name currently shown in ACC records
Name currently shown in ACC records NEW Name	Name currently shown in ACC records NEW Name
Name currently shown in ACC records	Name currently shown in ACC records
Name currently shown in ACC records NEW Name Address 1	Name currently shown in ACC records NEW Name Address 1
Name currently shown in ACC records NEW Name	Name currently shown in ACC records NEW Name
Name currently shown in ACC records NEW Name Address 1 Address 2 (optional)	Name currently shown in ACC records NEW Name Address 1 Address 2 (optional)
Name currently shown in ACC records NEW Name Address 1	Name currently shown in ACC records NEW Name Address 1
Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province	Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Zip
Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Zip	Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Zip
Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province	Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Zip
Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Country	Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) City State or Province Country

4.	MANAGERS CHANGE To REMOVE a manager To ADD a manager - I To CHANGE ADDRESS To CHANGE NAME of e If more space is neede	r - list the ist the na only - list xisting m	e name only of the me me and address of t t the name and NEW anager - list the cur	nanager b :he manag / address rent name	eing removed an ger being added a and check "Addr e, then the NEW	d check " and check ess chang name, an	a "Add man e." d check "N	ame change."
1.				2.				
Name currer	ntly shown in ACC records			Name curr	ently shown in ACC re	cords		
NEW Name				NEW North				
NEW Name				NEW Name				
Address 1				Address 1				
Address 2 (c	ptional)			Address 2	(optional)			
City	·	State of Province		City		▼	State or Province	Zip
Country				Country	Г	7		
=		manager ove mana	nger	=	Iress change [ne change [=	nanager ve manage	or .
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: Check box if same as street address. Statutory Agent Name (required)					rizona of NEW ss (can be a P.O. Box):			
Attention (optional)			Attention (optional)					
Address 1				Address 1				
Address 2 (o		State	Zip	Address 2	(optional)			Zip
6.3	REQUIRED – the Statu Amendment.		•	<u> </u>	st be submitted a	along with	State these Art	· .
7. 🔽	7. STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 7.2:							
7.1	NEW physical or str (not a P. O. Box) in Ar statutory agent:			7	statutory ag			na of the existing Box):
Attention (optional) 16427 N Scottsdale Road			Attention (optional) 16427 N Scottsdale Road					
Address 1			Address 1					
Suite 410 Address 2(optional) AZ 85254				Suite 4	10 (optional)		AZ	85254
City Scottsdale State Zip				City S	cottsdale		State	Zip

8.	~	PRINCIPAL ADDRESS CHANGE:					
	8.1	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 Zip Province					
		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.	П	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.					
SIG	NATL	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					
		Verified by pdfFiller					
Cian	es	Leslie Morrow 12-14-2023 Printed Name Date (mm/dd/yy)					
_	ature UIRE	Printed Name Date (mm/dd/yy) Date (mm/dd/yy)					
\times	I aı	m an individual authorized to sign this document. I am signing on behalf of an entity that is authorized to sign this document.					
		authorized to sign 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: 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.