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

## **ARTICLES OF AMENDMENT**

| Read the I  | nstructions <u>L015i</u>                 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. ENTITY NAME - give the exact name of the LLC as currently shown in A.C.C. records:   |  |  |  |  |  |  |  |
| G&G LUXURY CLIAN  | ina Scrvices LLC                         |  |  |  |  |  |  |
|   | Der v de d                               |  |  |  |  |  |  |
| 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:  |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |  |
| "Gemma Soto   | 2.                                       |  |  |  |  |  |  |
| Name currently shown in ACC records   | Name currently shown in ACC records      |  |  |  |  |  |  |
| NEW Name  |  |  |  |  |  |  |  |
|   | Gillow Calinato                          |  |  |  |  |  |  |
| Address 1   | Address 1                                |  |  |  |  |  |  |
| Address 2 (optional)  | Address 2 (optional) 5536 W St. Anni AVI |  |  |  |  |  |  |
| City State or Zip Province  | City State or Province A7 \$5339         |  |  |  |  |  |  |
| Country   | Country                                  |  |  |  |  |  |  |
| Address change Add member  Name change Remove member  | Address change Add member                |  |  |  |  |  |  |
|   | 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                                |  |  |  |  |  |  |
| Address 2 (optional)  | Address 2 (optional)                     |  |  |  |  |  |  |
| City State or Zip   | City State or Zip                        |  |  |  |  |  |  |
| Country   | Country                                  |  |  |  |  |  |  |
| Address change  Add member  | Address change                           |  |  |  |  |  |  |
| ☐ Name change ☐ Remove member   | Name change Remove member                |  |  |  |  |  |  |

| 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 " To ADD a manager - list the name and address of the manager being added and check 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 <u>Amendment Attachment for Managers form L043</u> .                                |                                    |                      |                                     |                      |                             |                     |             |                      |                |  |  |
|---|------------------------------------|----------------------|-------------------------------------|----------------------|-----------------------------|---------------------|-------------|----------------------|----------------|--|--|
| 1.  |                                    |                      | •                                   |                      | 2.                          | 2.                  |             |                      |                |  |  |
| Name currer   | ntly shown in ACC records          |                      | Name currently shown in ACC records |                      |                             |                     |             |                      |                |  |  |
|   |                                    |                      |                                     |                      |                             |                     |             |                      |                |  |  |
| NEW Name  |                                    |                      |                                     |                      | NEW Name                    |                     |             |                      |                |  |  |
| Address 1   |                                    |                      |                                     |                      | Address 1                   |                     |             |                      |                |  |  |
| Address 2 (d  | optional)                          |                      |                                     |                      | Address 2                   | (optional)          |             |                      |                |  |  |
| City  | -                                  | State or<br>Province |                                     | Zip                  | City                        |                     | <b>1</b> -1 | State or<br>Province | Zip            |  |  |
| Country   | <u></u>                            | <u> </u>             |                                     |                      | Country                     |                     |             |                      |                |  |  |
| Addr  | ress change                        | manager              |                                     |                      | Address change  Add manager |                     |             |                      |                |  |  |
| Nam   | e change Rem                       | ove mana             | ger                                 |                      | ☐ Na                        | me change           | Remo        | ve manage            | er             |  |  |
| 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; if different from street address.  Check box if same as street address. |                                    |                      |                                     |                      |                             |                     |             |                      |                |  |  |
| Statutory Agent Name (required)   |                                    |                      |                                     |                      |                             |                     |             |                      |                |  |  |
| Attention (op   | rdonal)                            |                      |                                     |                      | Attention (optional)        |                     |             |                      |                |  |  |
| Address 1   |                                    |                      |                                     |                      | Address 1                   |                     |             |                      |                |  |  |
| Address 2 (o  | ptional)                           |                      |                                     |                      | Address                     | 2 (optional)        |             |                      |                |  |  |
| 6.3   | REQUIRED – the State<br>Amendment. | State<br>utory Age   | zip<br>nt Acc                       | eptance form         | M002 mL                     | st be submitted alo | ng with     | State<br>these Arti  | zip<br>cles of |  |  |
| 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 (can be a P.O. Box):  |                                    |                      |                                     |                      |                             |                     |             |                      |                |  |  |
| Attention (optional)  |                                    |                      |                                     | Attention (optional) |                             |                     |             |                      |                |  |  |
| Address 1   |                                    |                      |                                     |                      | Address 1                   |                     |             |                      |                |  |  |
| Address   | tional\                            |                      | <del>,</del>                        |                      | ļ,,,,                       |                     |             |                      |                |  |  |
| Address 2(or  | puonal)                            | State                | Zin                                 |                      | Address                     | 2 (optional)        |             | 51-1-                | 71-            |  |  |

| 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 <b>NEW principal address</b> (can be outside of Arizona and can be a P.O. Box.)  |  |  |  |
|   |        |   |  |  |  |
|   |        | Attention (optional)  |  |  |  |
|   |        | Address 1   |  |  |  |
|   |        | Address 2 (optional)  |  |  |  |
|   |        | City State or Zin   |  |  |  |
|   |        | Country State or Zip Province   |  |  |  |
| •   |        |   |  |  |  |
| 9.  | L      | 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.  |  |  |  |
|   |        |   |  |  |  |
|   |        |   |  |  |  |
|   |        |   |  |  |  |
| SIG   | NATU   | 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. |  |  |  |
|   | 1      | I ACCEPT  |  |  |  |
|   |        | To TACCEPT  |  |  |  |
| Sign Sign   | Ture 1 | Cilberto Galinto 1/22/29  |  |  |  |
| REQUIRED – check only one and fill in the corresponding blank if signing for an entity: |        |   |  |  |  |
| M   | ) Iaı  | m an <b>individual</b> authorized to sign this document.  I am signing on behalf of an <b>entity</b> 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

All fees are nonrefundable - see Instructions. 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.