

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: ADVENTURE ABA, LLC
ENTITY ID: L22344885
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES:
CHARACTER OF BUSINESS: Health Care and Social Assistance
MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME No name change

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Paige Huff
PHYSICAL ADDRESS: 3009 West Caravaggio Lane, PHOENIX, AZ 85086
MAILING ADDRESS: 3009 West Caravaggio Lane, PHOENIX, AZ 85086

KNOWN PLACE OF BUSINESS

3009 West Caravaggio Lane, PHOENIX, AZ 85086

PRINCIPALS

Member: Aketzali Balderrama-Hernandez - 712 W Anderson Dr, PHOENIX, AZ, 85023, USA - - Date of Taking Office: 11/13/2017

Member: PAIGE HUFF - Paige HUFF, 3009 West Caravaggio Lane, PHOENIX, AZ, 85086, USA - - Date of Taking Office: 11/13/2017

SIGNATURE

Member: Paige Huff - 02/06/2024

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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:

Adventure ABA 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. Paige Huff <small>Name currently shown in ACC records</small> NEW Name Address 1 3009 W. Caravaggio Ln. Address 2 (optional) Phoenix AZ 85086 City State or Province Zip UNITED STATES Country <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member	2. Dylan Huff <small>Name currently shown in ACC records</small> NEW Name Address 1 16814 N 31st Address 2 (optional) Phoenix AZ 85053 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member
3. Aketzali Balderrama-Hernandez <small>Name currently shown in ACC records</small> NEW Name Address 1 712 W Anderson Dr Address 2 (optional) Phoenix AZ 85023 City State or Province Zip UNITED STATES Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member	4. <small>Name currently shown in ACC records</small> NEW Name Address 1 Address 2 (optional) City State or Province Zip Country <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 "Remove manager."
 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	<input type="text" value="UNITED STATES"/>	State or Province	City	<input type="text" value="UNITED STATES"/>	State or Province
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add manager	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove 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):		
Paige Huff			<input checked="" type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
3009 W. Caravaggio Ln.			Address 1		
Address 1			Address 2 (optional)		
Address 2 (optional)	AZ	85086	Address 2 (optional)		
City	State	Zip	City	State	Zip
Phoenix					
6.3 REQUIRED – the <u>Statutory Agent Acceptance</u> 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	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			
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


Signature

Paige Huff

Printed Name

02/01/2024

Date (mm/dd/yy)

REQUIRED – check only one and fill in the corresponding blank if signing for an entity:☒ I am an **individual** authorized to sign this document.

Paige Huff

☐ I am signing on behalf of an **entity** that is 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.

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

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

Adventure ABA LLC

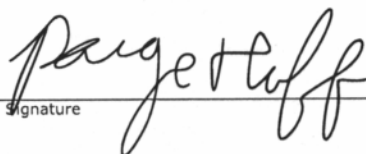
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). *NOTE* - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Paige Huff

3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Signature

Paige Huff
Printed Name

02/01/2024

Date

REQUIRED – check only one:

Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.



Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

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

Filing Fee: none (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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