

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## LIMITED LIABILITY COMPANY

### ENTITY INFORMATION

**ENTITY NAME:** PERSQFT2FLOORING, LLC  
**ENTITY ID:** L22479239  
**ENTITY TYPE:** Domestic LLC  
**PERIOD OF DURATION:** Perpetual  
**PROFESSIONAL SERVICES:**  
**CHARACTER OF BUSINESS:** Retail Trade (44)  
**MANAGEMENT STRUCTURE:** Manager-Managed

**FORMER ENTITY NAME** No name change

### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** DAVID ANDREWS  
**PHYSICAL ADDRESS:** 9838 N 19TH AVE SUITE A, PHOENIX, AZ 85021  
**MAILING ADDRESS:** 9838 N 19TH AVE SUITE A, PHOENIX, AZ 85021

### KNOWN PLACE OF BUSINESS

9838 N 19TH AVE SUITE A, PHOENIX, AZ 85021

### PRINCIPALS

Manager: DAVID ANDREWS - 332 E PURDUE AVE UNIT 1A, PHOENIX, AZ, 85020, USA - - Date of Taking Office: 01/05/2018

Member: DAVID ANDREWS - 332 E PURDUE AVE UNIT 1A, PHOENIX, AZ, 85020, USA - - Date of Taking Office: 01/05/2018

### SIGNATURE

Authorized Agent: REBECCA WYATT - 07/16/2024

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:

PERSQFT2FLOORING, 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](#).

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.</b><br>Gregory Q Spencer<br><small>Name currently shown in ACC records</small><br><hr/> NEW Name<br><hr/> Address 1<br>9838 N 19TH AVE SUITE A<br>Address 2 (optional)<br>PHOENIX      AZ      85021<br><small>City      State or Province      Zip</small><br>UNITED STATES<br>Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove member | <b>2.</b><br><small>Name currently shown in ACC records</small><br><hr/> NEW Name<br><hr/> Address 1<br><hr/> Address 2 (optional)<br><hr/> <small>City      State or Province      Zip</small><br>Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> Remove member |
| <b>3.</b><br><small>Name currently shown in ACC records</small><br><hr/> NEW Name<br><hr/> Address 1<br><hr/> Address 2 (optional)<br><hr/> <small>City      State or Province      Zip</small><br>Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><input type="checkbox"/> Name change <input type="checkbox"/> Remove member                                                                                               | <b>4.</b><br><small>Name currently shown in ACC records</small><br><hr/> NEW Name<br><hr/> Address 1<br><hr/> Address 2 (optional)<br><hr/> <small>City      State or Province      Zip</small><br>Country<br><input type="checkbox"/> Address change <input type="checkbox"/> Add member<br><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](#).

|                                         |                                         |                   |                                         |                                         |                   |
|-----------------------------------------|-----------------------------------------|-------------------|-----------------------------------------|-----------------------------------------|-------------------|
| <b>1.</b>                               |                                         |                   | <b>2.</b>                               |                                         |                   |
| 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"/>                    | State or Province | City                                    | <input type="text"/>                    | 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.*

|                                                                                                                                                                              |       |     |                                                                                                                                |       |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|--------------------------------------------------------------------------------------------------------------------------------|-------|-----|
| <b>6. <input type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – <a href="#">see Instructions L015i</a>:</b>                                                    |       |     |                                                                                                                                |       |     |
| <b>6.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent: |       |     | <b>6.2 REQUIRED</b> – mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box): |       |     |
|                                                                                                                                                                              |       |     | <input type="checkbox"/> 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 |
| <b>6.3 REQUIRED</b> – the <a href="#">Statutory Agent Acceptance</a> form M002 must be submitted along with these Articles of Amendment.                                     |       |     |                                                                                                                                |       |     |

|                                                                                                                                |       |     |                                                                                                |       |     |
|--------------------------------------------------------------------------------------------------------------------------------|-------|-----|------------------------------------------------------------------------------------------------|-------|-----|
| <b>7. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT –</b> complete 7.1 and 7.2: |       |     |                                                                                                |       |     |
| <b>7.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:                        |       |     | <b>7.2 NEW mailing address</b> 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:

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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

*Rebecca Wyatt*

Signature

REBECCA WYATT

Printed Name

07/16/2024

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 <b>individual</b> authorized to sign this document.<br><div></div> | <input type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.<br><div></div> |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

**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.