

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:

MEGAN RAE PHOTOGRAPHY 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> <b>Megan Decker</b> Name currently shown in ACC records				<b>2.</b> <b>M&amp;M Trust</b> Name currently shown in ACC records			
NEW Name <b>26620 N 42ND WAY</b>				NEW Name <b>26620 N 42ND WAY</b>			
Address 1				Address 1			
Address 2 (optional) <b>CAVE CREEK</b>		<b>AZ</b>	<b>85331</b>	Address 2 (optional) <b>CAVE CREEK</b>		<b>AZ</b>	<b>85331</b>
City <b>UNITED STATES</b>		State or Province	Zip	City <b>UNITED STATES</b>		State or Province	Zip
Country <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				Country <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member			
<b>3.</b> Name currently shown in ACC records				<b>4.</b> 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 <input type="checkbox"/> Address change <input type="checkbox"/> Add member <input type="checkbox"/> Name change <input type="checkbox"/> Remove member				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	State or Province	Zip	City	State or Province	Zip
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. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – see Instructions L015i:

<b>6.1 REQUIRED</b> – give the name (can be an individual or an entity) and <b>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
<b>6.3 REQUIRED</b> – the <u>Statutory Agent Acceptance form M002</u> must be submitted along with these Articles of Amendment.			

7. ☒ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – 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)	
26620 N 42ND WAY		26620 N 42ND WAY	
Address 1		Address 1	
Address 2 (optional)		Address 2 (optional)	
City	State	Zip	City
CAVE CREEK	AZ	85331	CAVE CREEK

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*Holly Buchda*

HOLLY BUCHDA

03/04/2025

Signature

Printed Name

Date (mm/dd/yy)

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

<input type="checkbox"/> I am an <b>individual</b> authorized to sign this document.	<input checked="" type="checkbox"/> I am signing on behalf of an <b>entity</b> that is authorized to sign this document.
	K&R STRATEGIC PARTNERS LLC

**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.

Clear Form

Print Form

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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):

MEGAN RAE PHOTOGRAPHY 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. Megan Decker Name Address 1 26620 N 42ND WAY Address 2 (optional) CAVE CREEK City UNITED STATES Country <input checked="" type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more	2. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
3. Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	4. 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