

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:

CENTERED HEALING, 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.			2.		
Name currently shown in ACC records			Name currently shown in ACC records		
SHANTI TRUST DTD 03/07/2025			SUSAN MCCULLOCH		
NEW Name			NEW Name		
4317 E YUCCA ST			SUSAN SHANTI		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
PHOENIX	AZ	85028	PHOENIX	AZ	85028
City	State or Province	Zip	City	State or Province	Zip
UNITED STATES			UNITED STATES		
Country			Country		
<input type="checkbox"/> Address change	<input checked="" type="checkbox"/> Add member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove member		<input checked="" type="checkbox"/> Name change	<input type="checkbox"/> 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 Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add member		<input type="checkbox"/> Address change	<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove 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 "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.

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"/> 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. **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): <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
6.3 REQUIRED – 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:**

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

Susan Shanti

03/07/2025

Signature Printed Name 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 individual authorized to sign this document. <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Susan Shanti</div>	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document. <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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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
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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.

CERTIFIED COPY

CLERK OF THE SUPERIOR COURT
FILED

AUG 17 2023 9:00 a.m.
C. Vigil, Deputy

1 Nicole R. Stearns, #024003
2 HALLIER STEARNS, PLC
3 5090 N. 40th St., Ste. 210
4 Phoenix, Arizona 85018
5 (602) 285-5500
6 Fax: (602) 285-1077
7 nstearns@hallierlaw.com

8 Attorneys for Respondent

9 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
10 IN AND FOR THE COUNTY OF MARICOPA

11 In Re the Marriage of:

NO. FC2022-050186

12 TIMOTHY IAN McCULLOCH,
13
14 Petitioner,

ORDER RESTORING NAME

15 and

16 SUSAN DIANNE McCULLOCH,
17
18 Respondent.

(Assigned to the Honorable
Julie Mata)

19 Based upon the Consent Decree of Dissolution of Marriage, and good cause
20 appearing,

21 IT IS ORDERED that Respondent, SUSAN DIANNE McCULLOCH, born
22 on August 5, 1967, whose social security number ends in xxx-xx-0769, is restored
23 to her former name of SUSAN SHANTI.

24 DONE IN OPEN COURT THIS DATE: August 16, 2023


HONORABLE JULIE MATA *Lori Ash*
JUDGE OF THE SUPERIOR COURT



The foregoing instrument is a full, true and correct copy
of the original on file in this office.

Attest August 17 2023
JEFF FINE, Clerk of the Superior Court of the
State of Arizona, in and for the County of Maricopa.

By C. Vigil, Deputy Clerk.



WATERMARK
WEALTH STRATEGIES LLC

RECEIVED
MAR 10 2025

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

Arizona Corporation Commission
Examination Section
1300 W Washington St
Phoenix, AZ 85007
Re: Centered Healing, LLC

March 7, 2025

Enclosed please find the signed Articles of Amendment adding the Shanti Trust DTD 03/07/2025 as a member to the Centered Healing, LLC. Additionally, please find a copy of the court order changing the name for Susan McCulloch back to Susan Shanti.

Please contact Sara Gordon at 602.633.0855 or sara@watermarkwealth.com with any questions or additional information requests.

Warmly,

Sara Gordon
Practice Manager
Watermark Wealth Strategies

Scottsdale

11333 N. Scottsdale Road, Suite 295
Scottsdale, AZ 85254
Office: 480.442.3989 | Fax: 480.404.9475

Chandler

2151 E. Pecos Road, Suite 3
Chandler, AZ 85225
Office: 480.464.9300 | Fax: 866.464.9290