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ARTICLES OF AMENDMENT

			AK			tions <u>L015i</u>	''		
1. ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:									
	Spark Integrated Technologies LLC								
		THE BOX NEXT TO					Œ.		
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.				
		Busienss Solutions LLO	<u> </u>		Ricardo Talavera Sr. Name currently shown in ACC records				
Nam	e currer	ntly snown in ACC records			Name cu	rrently shown in AC	C records		
NEW	Name				NEW Na	me			
		14003			PO BOX 14003				
	ess 1	111003			Address 1				
	Addiess T								
Addr	ess 2 (o	optional)			Address	2 (optional)			
Tuc	cson		AZ	85732	Tucso	on		AZ	85732
City		UNITED STATES	State or Province	Zip	City	UNITED S	STATES	State or Province	Zip
Country					Country				
Address change Add member					☐ Address change ✓ Add member				
Name change					☐ Name change ☐ Remove member				
3.					4.	, , , , , , , , , , , , , , , , , , ,			
Name currently shown in ACC records					Name currently shown in ACC records				
NEW Name				NEW Name					
Addr	ess 1				Address	1			
Addr	ess 2 (o	ptional)			Address 2 (optional)				
City	[State or Province	Zip	City			State or Province	Zip

Country

Address change

Name change

Country

Address change

Name change

Add member

Remove member

Add member

Remove member

4.	To REMOVE a manager - To ADD a manager - To CHANGE ADDRESS To CHANGE NAME of If more space is need	er - list the list the na only - list existing n	e name only of the i ame and address of it the name and NE\ nanager - list the cu	manager the mana W address rrent nam	being removed an ager being added and check "Addr ne, then the NEW	nd check " and check ess chang name, an	c "Add ma je." d check "I	nager." Name change."		
1.				2.						
Name curre	ently shown in ACC records			Name cur	rently shown in ACC re	cords				
NEW Name				NEW Nan	NEW Name					
Address 1				Address 1	Address 1					
Address 2 (optional)			Address 2	Address 2 (optional)					
City	City State or Zip Province			City State or Zip Province				Zip		
Country				Country						
		manager			dress change [nanager			
INall	ne change	ove man		Na	me change	Remo	ve manag	er		
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 6.2 REQUIRED – mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box					rizona of NEW					
(not a P.O. Box) in Arizona of the NEW statutory agent:					Check box if same as street address.					
Statutory Agent Name (required)										
Attention (optional)					Attention (optional)					
Address 1					Address 1					
Address 2 (o	ptional)			Address	2 (optional)		T	Γ		
City		State	Zip	City			State	Zip		
6.3	REQUIRED – the Stat Amendment.	utory Age	nt Acceptance form	M002 mu	st be submitted a	along with	these Art	icles of		
7.	STATUTORY AGENT and 7.2:	ADDRES	S CHANGE - ADDR	ESS OF	CURRENT STATE	JTORY A	GENT - co	omplete 7.1		
7.1	NEW physical or str (not a P. O. Box) in Al statutory agent:				7.2 NEW mailir statutory ag			na of the existing Box):		
Attention (optional)					Attention (optional)					
Address 1					Address 1					
Address 2(op	otional)			Address	2 (optional)					
City		State	Zip	City			State	Zip		

City

8.	\checkmark	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 p.O. Box.)	principal a	address (dan	be outside of Arizona and can b	oe a
		Attention (optional) 1802 W Grant Road				
		Address 1 Suite 102				
		Address 2 (optional) Tucson		AZ	85745	
		City UNITED STATES		State or Province	Zip	
9.	Changing to a PROFESSIONAL LLC – number 10 must also be completed. Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).					
11.		OTHER AMENDMENT – if an amendment was made you must attach to these Articles of Amendment a co				m, then
SIG	NATU	RE: By checking the box marked "I accept" below, together with any attachments is submitted in	I acknowle compliance	edge <i>under p</i> ce with Arizon	penalty of law that this documen na law.	t
		J / / / VI	ACCEPT			
			do Talaver	a	10/28/2	2025
Signa		Printed No D – check only one and fill in the corresponding blank		for an entity	Date (mm/d	dd/yy)
Ø	I an	n an individual authorized to sign this document.			behalf of an entity that is gn this document.	
	Ric	cardo Talavera				

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.		Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 602-542-4100
	· GA:	002 342 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.

RECEIVED

OCT 28 2025



ARIZONA CORP COMMISSION CORPORATIONS DIVISION



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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT
** ORDER COPIES USING A RECORDS REQUEST FORM **

WHAT ARE Y	YOU FILING?						
☐ New Entity ☐ Change to existing entity ☐ Re-submission of rejected filing							
ENTITY NAM	1E - give the exact name of the entity as currently shown in A.C.C. records:						
	PROCESSING? YES - select 1 option below NO - pay only the filing fee						
Submitted docume	thone number is required for ALL Same Day/Next Day services. Same Day/Next Day service will not guarantee approval of ent(s) and only guarantees that the document(s) will be examined within the stated time frames. All fees are nonrefundable. es are listed on the bottom of each form or on the fee schedule on our website, http://ecorp.azcc.gov, under the FAQs.						
M EXPEDIT	SAME DAY SERVICE, ADD \$200.00 Document will be examined by 5:00pm MST and must be received by 10:00am MST						
	UR SERVICE, ADD \$400.00 If be examined within 2-hours of submission Document will be examined by 5:00cm MST on the						
	ved by 3:00pm MST Document will be examined by 5:00pm MST on the next business day. Must be received by 5:00pm MST						
PAYMENT:	, section of stoopin Hall						
MOD Acc	ount #: Total amount to deduct:						
check numbers; to Credit cards - moof good standing.	ecks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted ne and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or emporary checks (new accounts). ay be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates. We accept only Visa or MasterCard. RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE): NOTE: PHONE NUMBER REQUIRED FOR ALL RETURN DELIVERY OPTIONS						
	Email address REQUIRED: Sorvice @ Sparkintegrated tech. com						
<u> </u>	Phone number REQUIRED : 520 955 7638						
☐ Pick up	Name:						
	Phone number REQUIRED:						
	Name:						
☐ Mail	Address:						
	City: State: Zip:						
	Phone number REQUIRED:						
DOCUMENTS V	WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)						
FOR ARIZONA CORPORATION COMMISSION USE ONLY							
PICK-UP B	Y: DATE:						

View current processing times at: http://azcc.gov/docs/default-source/corps-files/document-processing-times.pdf