AZ CORPORATION COMMISSION FILED

AZ Corp. Commission

JUL 31 2015

FILE NO P1141641-9

L015.001 Rev: 2010

	HIS LINE; RESERVED FOR ACC USE ONLY.				
	OF AMENDMENT				
	e Instructions <u>L015</u> i				
1. ENTITY NAME - give the exact name of the LLC as of	currently shown in A.C.C. records:				
Reproductive Choice Arizon	na, PLC				
2. A.C.C. FILE NUMBER: P-11	41641-9				
Find the A.C.C. file number on the upper corner of filed documents	nents OR on our website at: http://www.azcc.gov/Divisions/Corporations				
CHECK THE BOX NEXT TO EACH CHANGE BE	EING MADE AND				
COMPLETE THE REQUESTED INFORMATION	FOR THAT CHANGE.				
3. ENTITY NAME CHANGE - type or print the exact	ct NEW name of the LLC in the space below:				
	······				
4. MEMBERS CHANGE (CHANGE IN MEMBERS)	see Instructions 1015i - Use one block per person - FOR MEMBERS				
migritation for that member (new name and/or address)	of each member being changed, and below that provide any new), then check all boxes that apply to indicate the change being made for				
TRAC MEMBERS - In a companie bio	ck, list the name in the NEW Name blank and give the address, and check and attach the Amendment Attachment for Members form LO44.				
Name current y shown (n ACC records					
realing Corregic y and with ALC records	Hame currently shown in ACC records				
NEW Numa	MW Name				
Address	Address s				
Address 2 (opuonet)	Address 2 (ootione)				
	Audited 2 (Options)				
City State or Zip	City State o Zip				
Country	Province				
Address change Add as 20% or more member	'n				
Name change Add as less than 20% member	Add as 20% or more member				
Remove member	☐ Name change ☐ Add as less than 20% member				
Metrové literation	Remove member				
Name currently shown in ACC records	Name currently shown in ACC records				
YEW Namo					
ac a stolin	NEW Name				
ddress I	Audress 1				
	!				
direct 7 (optional)	Address 2 (aptional)				
Ny State or Zip	City State or 7(p				
Province	Province				
ountry	Country				
Address change Add as 20% or more member	Address change				
Name change Add as less than 20% member	Name change				
Remove member	Remove member				

5. (_	IN A.C.C. REC that manager FOR NEW MAI	CORDS - II (new nan NAGERS -	st the nam ne and/or In a sepa	ne of each ma address), the arate block, i	nager being n check all l list the nam	— Use one block per p changed, and below the soxes that apply to indicz e in the NEW Name blant sitach the <u>Amendment Al</u>	t provide any ite the change cand give the	new information being made address, a	ation for le for that mana nd check the	
]						!				
Name cum	Name currently shown in ACC records				Name currently shown in A	CC records			_	
MEW Name	·	.1-				NEW Name				
					·=					
Address 1						· Address 1				
Address 2	(optional)					Address 2 (optional)		Τ	!	
City			State	or Zie	,	Cacy		State or		
	<u> </u>		Provi	nce		<u> </u>		Province		
Country			4		·	Country				
=	iress change	=	as man	•		Address change Name change	=	as manaç ansmavo		
L) Mai	ne change	L Ref	nove ma	- Hayes			L Well	OYC HOUSE	iyel	
7. X	The fills STATUTORY REQUIRED	AGENT	rejected CHANGI	Fit is subn	AGENT	olete and attach the Mout the attachment. APPOINTED — see In. 7.2 OPTION.	structions 10 W - mailing	015l) address i	n Arizona of	
	or an entity (not a P.O. i agent:	Box) in A	irizona of			NEW Sta	tutory Agen	t (can be	a P.O. Box):	
Statutory Ag	njuris, ent Name (required	n								
Attention (o)	otional)					Attention (optional)				
19	38 E. Os	born	Rd.							
Address 1						Address 1				
Address 2 (o	ptiona!)			T		Address 2 (optional)	 	T	1	
cky Pho	oenix_		SIMA 2	zip 8501	16	City		State		
7.3	REQUIRED - Amendment.	the <u>Stati</u>	utory Age	ent Acceptar	nce form M	1002 must be submitte	d along witi	n these Ar	ticles of	
B. 📋	and/or 8,2:				- ADDRE	SS OF CURRENT ST	ATUTORY A	GENT - C	omplete 8.1	
8,1	NEW physics (not a P. O. B statutory age	iox) in Ar				8.2 NEW intersections	illing addre agent (can			sting
					ľ					
Ottonicion (op	tional)					Attention (optional)				
_	tional)					Attention (optional) Address 1				
ddress 1	· · · · · · · · · · · · · · · · · · ·					Address 1			***	
Utantion (op ddress 1 ddress 2(op	· · · · · · · · · · · · · · · · · · ·			<u> </u>						

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9.1 is						
	the NEW Arizona kn	own place of busines	ss address the	same as the stre	et address of ti	ne statutory agent?
Ţ	Yes – gotonum	iber 10 and continue	•			
	_ No − go to mun	iber 9.2 and continu	e			
9.2 If pli	you answered "No" t ace of business of the	o number 9.1, give t e LLC in Arizona:	the NEW phy	rsical or street a	idrees (not a l	2.O. Box) of the known
	Attention (optional)					
	Address 1					
	MINARY 1					
	Address 2 (optional)				T	
	City		-	Saste or	20	
	Country			Province	24	
	Constant	· · · · · · · · · · · · · · · · · · ·	***	······································	·	
). 🗌 DUR	ATION CHANGE -	check one to indica	ite the NEW :	duration or life per	lod of the LLC:	
	Perpetual					
F	The LLC's life perio	od will end on this di	ste:	(ei	nter a date – m	m/ dd/y y)
_	.	od will end upon the				
_	, .					(describe an event)
	•				*****	(OCSCIISC UII EVEILE)
. \square ENT	ITY TYPE CHANGE	- if changing entity	tyne check	one and follow ins	tructions:	
<u> </u>	j Changing to a NOI	N-PROFESSIONAL LL		al LLC becoming a	•	
2. PRO	FESSIONAL SERVI der: 	CES CHANGE - de	scribe the NE	W type of profess	ional services (he professional LLC will
гел • С ОТН уоц	er amendment — must attach to thes By checking the I	if an amendment w e Articles of Amendn	vas made that nent a comple t" below, I ac	was not addresse the copy of the LLC knowledge under	d by the check 's written ame	boxes on this form, then
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OTH you ENATURE: This is a i individual manager padited profees are no fees are no	er: ER AMENDMENT — must attach to thes By checking the i together with any check only one and f manager-managed ly as a manager or r named: 5.00 (regular proces cassing — add \$35.00 prefundable - see In	if an amendment we Articles of Amendment we Articles of Amendment of Amendment of Amendments is substituted in the correspondit of the Amendment of the Correspondit of the Signing for an amendment of the Signing for an ame	ras made that nent a complete to below, I accommitted in committed in committed in committed Name and blank if significantly. Mail: Fax:	was not addresse the copy of the LLC knowledge under plance with Arizo STANLEY Stanley Ining for an entity This is a member individually as a member remaindividually as a member remaindivid	d by the check's written ame penalty of perh na law. It managed I member of 1 III	boxes on this form, then ndment. The property that this document 4/17/15 Date (mm/dd/yy) Defend I am signing am signing for an entity - Corporate Filings Section

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M0021

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 Article of Incorporation):							
	Reproductive Choice 1	Arizona,	PLC					
2.	STATUTORY AGENT NAME – give the exact entity listed in number 1 above (this will be elt must match exactly the statutory agent name statutory agent (e.g. Articles of Incorporation cinitial or suffix:	<i>her</i> an Individ as li ste d in t	lual or an entity). NO	TE - the name				
	Venjuris, P.C.							
3.	STATUTORY AGENT SIGNATURE:							
	By the signature appearing below, the individual accepts the appointment as statutory agent for acknowledges that the appointment is effective agent or the statutory agent resigns, whichever	the entity na- until the app	med in number 1 abo	ve. and				
	The person signing below declares and certifies contained within this document together with a submitted in compliance with Arizona law.	<i>under penalt</i> ny attachmen	y of perjury that the its is true and correct,	information , and is				
4	David A. David	i Logan		7/29/2015 1-1-1-1-15 Oute				
REC	QUIRED - check only one:							
	Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	behalf of	statutory agent: I the entity named as a authorized to act for	statutory agent,				
Expo	ng Fee: none (regular processing) edited processing - not applicable. fees are nonrefundable - see Instructions. Fax:	Arizona Corpo 1300 W. Was 602-542-410	oration Commission - Corpo hington St., Phoenix, Arizo	orate Filings Section na 85007				
All docu	be advised that A.C.C. forms reflect only the milelature provisions required by st individual needs of your business. Iments filed with the Arizone Corporation Commission are public record and are have questions after reading the Instructions, please call 602-642-3026 or (within	conn for public inseed	zien.	itters that may partein				