AZ CORPORATION COMMISSION FILED

MAR 2 0 2018

FILE NO. 4-13480

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:

Death Trap Holding Company, LLC

2. A.C.C. FILE NUMBER: L17348559 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <u>http://www.azcc.gov/Divisions/Corporations</u>

### CHECK THE BOX NEXT TO EACH CHANGE BEING MADE AND COMPLETE THE REQUESTED INFORMATION FOR THAT CHANGE.

ENTITY NAME CHANGE – type or print the exact NEW name of the LLC in the space below:

4. X 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.

Susan S Clyne Rev Trus	st FBO/MS					
Name currently shown in ACC records			Name currently shown in ACC records			
NEW Name			NEW Na	nces C Clyne		
Address 1 HC1 Box 729			Address 28	800 S. Clyne Rar	nch Road	
Address 2 (optional)			Address	2 (optional)		
Elgin	Drouinco	<sup>Zip</sup> 35611	City	Elgin	State or Province	<sup>zip</sup> 85611
Name currently shown in ACC records			Name c	urrently shown in ACC rec	ords	2 - 585 - 58 - 3688 - 369 - 57 - 58 A - 5 - 57 - 58
Name currently shown in ACC records			Name o	urrently shown in ACC rec	ords	
NEW Name			NEW Name			
Address 1			Addres	5 1		
Address 2 (optional)			Addres	s 2 (optional)		
City	State or Province	Zip	City	[	State or Province	Zip
Country Address change Add member Name change Remove member				Address change [ Name change [	Add member Remove memb	er

AZ Corp. Commission

5.

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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.

Al	Meade Shaw Clyne			Name cu	rently shown in ACC records		
Name cui	rrently shown in ACC records			Name cu	rently shown in ACC records		
NEW Nan	ne			NEW Nar	ne		
Address	28800 S. Clyne Ranch Ro	ad		Address	l		
Address 2	2 (optional)			Address	2 (optional)		
City	Elgin	- State or Province AZ	Zip 85611	City		State or Province	Zip
Country	annifer an ann a Alline (n. 1811)			Country			
X Ac	ddress change 🗌 Add	manager		- A	ddress change 🔲 Ad	dd manager	
Name change Remove manager			ame change 🗌 Re	emove manage	er		

#### MANAGEMENT STRUCTURE CHANGE - see Instructions L015i - check only one box below and follow 6. 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.

<ul> <li>7.1 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:</li> </ul>				mailing address ir ry Agent (can be a	
Frances C Clyne			_		
Statutory Agent Name (required) Attention (optional)			Attention (optional)		
Address 1 28800 S. Clyne Ran	ch Road		Address 1		
Address 2 (optional) City Elgin	AZ	Zip 85611	Address 2 (optional) City	State	Zip
	ne Statutory A	gent Acceptance form	M002 must be submitted a	long with these A	rticles of
8. STATUTORY / and/or 8.2:	GENT ADDRE	SS CHANGE – ADD	RESS OF CURRENT STATU	TORY AGENT -	complete 8.1
8.1 NEW physica (not a P. O. Bo statutory agen	x) in Arizona d			ng address in Aria ent (can be a P.O	zona of the existing . Box):

Attention (optional)

Address 2 (optional)

Address 1

City

Zip

State

Address 1

City

Attention (optional)

Address 2(optional)

State

Zip

#### ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE: 9.

9.1 Is the NEW Arizona known place of business address the same as the street address of the statutory agent?

- X Yes go to number 10 and continue
- No go to number 9.2 and continue
- 9.2 If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

Attention (optional)         Address 1         Address 1         Address 2 (optional)         City         Curry         Curry         Curry         DURATION CHANGE - check one to indicate the NEW duration or life period of the LLC:         Perpetual         The LLC's life period will end on this date:			
Address 2 (optional)       State or       Zip         City       Province       Zip         Country       Prevence       Zip         DO       DURATION CHANGE - check one to indicate the NEW duration or life period of the LLC:       Perpetual         Image: Display the indicate the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration or life period of the LLC:       Perpetual         Image: Display the indicate the new duration of the perpetual indicate the new duration of the perpetual indicate the new duration or life perpetual indicate the new duration or life period perpetual indicate the new duration or life period perpetual indicate the new duration or life period perpetual individual perpetual indicinduration andifference or life period perpetual individ	Attention (optional)		
City       State or Province       Zip         Country       DURATION CHANGE - check one to indicate the NEW duration or life period of the LLC:       Perpetual         Perpetual       (enter a date - mm/dd/yy)         The LLC's life period will end on this date:       (enter a date - mm/dd/yy)         The LLC's life period will end upon the occurrence of this event:       (describe an event)         I       ENTITY TYPE CHANGE - if changing entity type, check one and follow instructions:       (describe an event)         I       Changing to a PROFESSIONAL LLC - number 12 must also be completed.       Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).         I       PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will render:         I3.       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 perjury that this document together with any attachments is submitted in compliance with Arizona law.         Signature       Watching Marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.         Signature       Printed Name       The CEPT         This is a manager-managed LLC and I am signing individually as a	Address 1		
	Address 2 (optional)		
			Zip
□       Perpetual         □       The LLC's life period will end on this date:			
☐ The LLC's life period will end on this date:		NEW duration or life per	riod of the LLC:
The LLC's life period will end upon the occurrence of this event: (describe an event)		10	nter a date - mm/dd(\w)
.1.       ENTITY TYPE CHANGE - if changing entity type, check one and follow instructions:			
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Changing to a PROFESSIONAL LLC - number 12 must also be completed. Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC). PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will render:			
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render:         .3.       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 perjury that this document together with any attachments is submitted in compliance with Arizona law.         Meanely Manual Marked "I ACCEPT       I ACCEPT         Meanely Marked Marked "I Accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.         Signature       I ACCEPT         Meanely Marked "I accept" below, I acknowledge Under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.         Signature       Printed Name         REQUIRED - check only one and fill in the corresponding blank if signing for an entity:       This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named:	Changing to a NON-PROFESSIONAL LLC (profe	essional LLC becoming a	a regular LLC).
together with any attachments is submitted in compliance with Arizona law.         Meanle Man       I ACCEPT         Signature       Meanle Mame         REQUIRED - check only one and fill in the corresponding blank if signing for an entity:       This is a manager-managed LLC and I am signing         Individually as a manager or I am signing for an entity       This is a member-managed LLC and I am signing for an entity         manager named:       This is a member or I am signing for an entity	<ul> <li>OTHER AMENDMENT – If an amendment was made you must attach to these Articles of Amendment a mendment at the second second</li></ul>	de that was not address complete copy of the LI	sed by the check boxes on this form, then _C's written amendment.
Signature       Printed Name       Date (Initradivyy)         REQUIRED – check only one and fill in the corresponding blank if signing for an entity:       This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named:       This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:	together with any attachments is submitted	in compliance with Ariz	
This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:	Signature Printed	학양학급성권입니다	pate (mm/dd/yy)
individually as a manager or I am signing for an entity manager named:			
Meade Shaw Clyne	individually as a manager or I am signing for an entity	/ U individually as	a member or I am signing for an entity
	Meade Shaw Clyne		

 All fees are nonrefundable - see Instructions.
 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.

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

# STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

- 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): Death Trap Holding Company LLC
- 2. STATUTORY AGENT NAME give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). NOTE the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Frances C Clyne

## 3. STATUTORY AGENT SIGNATURE:

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Frances Cilly

Frances C Clyne

REQUIRED - check only one:

Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent. **Entity as statutory agent:** I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.

Filing Fee: none (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing – not applicable.	1000 4200000	1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	Fax:	602-542-4100

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