

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. **Contact the Judge of Probate's Office to determine the county filing fees.** Make a separate check or money order payable to the **Secretary of State for the state filing fee of \$50.00 for standard processing** (based on date of receipt and volume) **or \$150.00 for expedited processing** (within 24 hours after receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).



20190717000254530 1/2 \$84.00  
Shelby Cnty Judge of Probate, AL  
07/17/2019 10:10:23 AM FILED/CERT

(For County Probate Office Use Only)

**This form must be typed or laser printed.**

1. The name of the Limited Liability Company from the Certificate of Formation:

A 2 Z Home Place LLC

2. The date the Certificate of Formation was filed in the county: 01 / 25 / 2013 (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): 273 - 224 **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov), click Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

(For SOS Use Only)

This form was prepared by: (type name and full address)

Debbie Mitchell  
5565 Hwy 86  
Calera, AL 35040

DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT

4. The titles, dates, and places of filing of any previous Amendments: NONE

Attach a listing if necessary.

[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State **must** be attached.]

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as a Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.]

5. The following amendment was adopted on 11 / 01 / 2018 (format MM/DD/YYYY):


Remove Glenn Schrum as he was bought out.

Amendment adapted 3-1-2019 Change principal address, principal mailing address, registered office/ mailing address and Debbie Mitchell address to 5565 Hwy 86, Calera, AL 35040

☐ Additional Amendments and the dates on which they were adopted are attached.

6. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama* of 1975 and the governing documents of this entity.

7, 17, 2019  
Date (MM/DD/YYYY)

  
Signature as required by 10A-5-2.04

Debbie Mitchell  
Typed Name of Above Signature

Managing Member  
Typed Title/Capacity to Sign under 10A-5-2.04