SEP 0.2 2014

AZ Corp. Commission

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ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

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

LLC STATEMENT OF CHANGE OF MANAGER OR MEMBER ADDRESSES

Read the Instructions L021i

1.	ENTITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
	Tierra Descanso, LLC
2.	A.C.C. FILE NUMBER: L-1128523-0

Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations

3. MANAGER ADDRESSES – for each manager being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that manager. If more space is needed, submit another Statement of Change form. If the person is also a member, also list their name, address, and new address in the Member Addresses section.

C GLASSE AND	ACCRECA REPORT OUT NOTE			L NEW IDDD	ECC ON	5		-
NAME AND ADDRESS BEFORE CHANGES:				NEW ADDRESS ONLY:				
Name 1				7				
Address 1				Address 1				
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Address 2 (optional)			Address 2 (optional)				
	. ,							
City		State	Zip	City			State	Zip
1,		State	210	City			State	214
Country	<u> 1 </u>			Country	<u> </u>			
NAME AND	ADDRESS BEFORE CHANGES:			NEW ADDR	ESS ONL	Y:	•	
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Name 2				1				
	- trans-			1				
Address 1				Address 1				
Address 2 (optional)			Address 2	(optional)			· · · · · · · · · · · · · · · · · · ·
City		State	Zip	City			State	Zip
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Country				Country	<u> </u>	#	<u>l</u>	<u> </u>
NAME AND	ADDRESS BEFORE CHANGES:			NEW ADDR	ESS ONL	Y:		
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Name 3								
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Address 2 (optionat)			Address 2	(орионаі)			
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NAME-AND	ADDRESS BEFORE CHANGES:			NEW ADDR	ESS ONL	Y:	d	<u> </u>
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Name 4								
•				1				
Address 1	· · · · · · · · · · · · · · · · · · ·			Address 1				
Address 2 (optional)				Address 2 (optional)				
1	spential)			MUUI (533 Z I	(optional)	•		
<u> </u>			· •	ļ				·
City		State	Zip	City			State	Zip
Country				Country			1	
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MEMBER ADDRESSES - for each member being changed, list the name and address as currently shown on A.C.C. records and then give the new address for that member. If more space is needed, submit another Statement of Change form. If the person is also a manager, also list their name, address, and new address in the Manager Addresses section.

NAME AND ADDRESS BEFORE CHANGES:	<u> </u>	•	NEW ADD	RESS ONLY:		
Charles A Murray						
Name 1 PO Box 5566			270 Ri	n Shadows Dr		
Address 1	·		Address 1	II DIRECTOR DI		
4235 Branding Iron Pl Address 2 (optional)			Address 2	(antianal)		
Lake Montezuma			Sedona			
City	State	Zip	City		State	Zip
Country UNITED STATES NAME AND ADDRESS BEFORE CHANGES:	AZ	86342	Country	UNITED STATES	AZ	86336
Chalyce A Murray			NEW ADDI	RESS ONLY:		
Name 2			┤ <u> </u>	~· · -		
PO Box 5566			270 Rit	n Shadows Dr		
4235 Branding Iron Pl						
Address 2 (optional)			Address 2	• • • •		
Lake Montezuma	State	Zip	Sedona		State	ZIP
Country UNITED STATES	AZ	86342	Country	UNITED STATES	ΑZ	86336
NAME AND ADDRESS BEFORE CHANGES:			NEW ADDR	RESS ONLY:		
		, , , , , , , , , , , , , , , , , , , ,	_			
Name 3						
Address 1			Address 1			
Address 2 (optional)			Address 2 (optional)			
			Address & (optional)			
City	State	Žip	City		State	Zip
Country NAME AND ADDRESS BEFORE CHANGES:	1		Country NEW ADDR	ESS ONLY:		
THE RID ADDRESS OF ONE CHARGES.						
Name 4			1			1
Address 1			Address 1			
744144			7.00.000			
Address 2 (optional)			Address 2 (optional)			
City	" State	Zip	City		State	Zip
Country			Country			
			,			
				wledge <i>under penalty of pe</i> nce with Arizona law.	<i>erjury</i> that t	this document
2	-					
Chaluce Murray 8/29/2014						
(haluce//	uma	iy CI	halyce A	Murray		8/29/2014
Signature /) Printed Name						Date
REQUIRED - check only one and fill in the corresponding blank if signing for an entity:						
I am the individual Manager of this manager-managed LLC or I am signing for an entity manager named :					:mber-mana : ber name :	aged LLC or I am d:
Filing Fee: \$5.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section						
Expedited processing - add \$35 All fees are nonrefundable - see				00 W. Washington St., Ph 02-542-4100	oenix, Arizo	ona 85007

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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SEP 0 2 2014

ARIZONA CORPORATION COMMISSION

	CORPORATIONS DIVI	SION COVER SHEET	ARIZONA CORP. COMMISSION				
USE A SEPARATE COVER SHEET FOR EACH DOCUMENT							
ARE YOU FILING: New Entity Change to existing entity Re-submission/Correction							
	APPROPRIATE SECTIONS						
Type in <u>Corp/LLC</u> Name:	Tierra Descan	so, LLC					
FILING TYPE REGULAR SERVICE EXPEDITED SERVICE FEE							
Articles of Domestication \$100.00 \$135.00							
Articles of Incorporation (Profit) \$ 60.00 \$ 95.00							
Articles of Incorporation Articles of Organization (\$ 40.00 \$ 50.00	\$ 75.00 \$ 85.00				
Application For Authority		\$175.00	\$210.00				
Application to Conduct A		\$175.00	\$210.00				
Application for New Auth		\$175.00	\$210.00				
Application for Registrati	on	\$150.00	\$185.00				
Articles of Amendment		\$ 25.00	\$ 60.00				
Articles of Amendment & Articles of Correction	Restatement	\$ 25.00 \$ 25.00	\$ 60.00				
Articles of Correction Articles of Merger/Share	Evchange	\$100.00	\$ 60.00 \$135.00				
Articles of Merger (Limite		\$ 50.00	\$ 85.00				
Affidavit of Publication		\$ 0.00	\$ 35.00				
CORPORATIONS -Certifie	ed Conjes*	\$5.00 Each	\$40.00				
*If copies are for different entities the Ex		() (Enter Quantity)	() (Enter Quantity)				
LLCo Cortified Conject		\$10.00 Each	\$45.00				
LLCs - Certified Copies* "If copies are for different entitles the Ex	pedite fee applies to each entity	() (Enter Quantity)	() (Enter Quantity)				
Good Standing Certificate							
*If Good Standing Certificates are for dif	ferent entities the Expedite fee applies	\$10.00 Each () (Enter Quantity)	\$45.00 (Enter Quantity)				
to each entity			() (Enter Quantity)				
V Other: Change of 1	Nember Addresses	✓ Regular Fee	Expedite Fee				
SELECT PAYMENT TYPE:	DO NOT WRITE YOUR CRE	DIT CARD NUMBER ON TH	IS FORM!				
Check	Check # <u>2067</u>	Check Amount \$ 5.00					
M.O.D. Account	MOD Acct #	Mod Amour	nt \$				
Cash for in-person fili	ings only (Do not send cash i	in the mail.)	unt \$				
=	• • •	•					
Credit Card for in-pers	on mings only	CC Amoun	t \$				
No fee required							
REQUIRED - SELECT ONE R	ETURN DELIVERY OPTION: [✓ Mail Pick Up	Fax # ()				
PLEASE PRINT E-MAIL ADDRESS CLEARLY:							
☐ E-mail:		·					
			mnleted documents				
For Mail or Pick Up - Please list the person or company who will be picking up the completed documents. DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK).							
Person or Company Name: Person or Company Name: Phone Number:							
lease. Mail to: Chalyce Murray 928-699-3149							
Address: 270 Rim Shadows Dr							
City:	State:	Zip					
Sedona	AZ	86336	5				
FOR ARIZONA CORPORATION COMMISSION USE ONLY							
	PICK-UP BY:						