OCT 2 4 2014

FILE NO. 1-1472889

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

ARTICLES OF AMENDMENT

| | Reau the I | INSTRUCTIONS LUISI | | | | | |
|--------------|--|---|--|--|--|--|--|
| 1. | ENTITY NAME - give the exact name of the LLC as cur | TY NAME - give the exact name of the LLC as currently shown in A.C.C. records: | | | | | |
| | Elkins Acres, LLC | | | | | | |
| 2. | A.C.C. FILE NUMBER: L-1942288-9 | | | | | | |
| | 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 | | | | | | |
| | ECK THE BOX NEXT TO EACH CHANGE BEI MPLETE THE REQUESTED INFORMATION I | | | | | | |
| 3. | ENTITY NAME CHANGE – type or print the exact | NEW name of the LLC in the space below: | | | | | |
| 4. | CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of information for that member (new name and/or address), that member. FOR NEW MEMBERS - in a separate block | see Instructions 1.015i - Use one block per person - FOR MEMBERS of each member being changed, and below that provide any new then check all boxes that apply to indicate the change being made for k, list the name in the NEW Name blank and give the address, and check and attach the Amendment Attachment for Members form L044. | | | | | |
| Mar | k Curbin | | | | | | |
| Name | currently shown in ACC records | Name currently shown in ACC records | | | | | |
| | k Durbin Name | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | | | | | | |
| | dress 1 Address 1 | | | | | | |
| 130 Addre | 1 E Whipple | Address 2 (optional) | | | | | |
| Sho | w Low AZ 85901 | | | | | | |
| City | State or Zip Province | City State or Zip Province | | | | | |
| Count | try | Country | | | | | |
| | Address change Add as 20% or more member | Address change Add as 20% or more member | | | | | |
| | Name change | Name change Add as less than 20% member | | | | | |
| | Remove member | Remove member | | | | | |
| | | | | | | | |
| Name | ę currently shown in ACC records | Name currently shown in ACC records | | | | | |
| NEW | Name | NEW Name | | | | | |
| Addre | ess 1 | Address 1 | | | | | |
| Addre | ess 2 (optional) | Address 2 (optional) | | | | | |
| City | State or Zip Province | City State or Zip Province | | | | | |
| Count | · press | Country | | | | | |
| | Address change Add as 20% or more member Name change Add as less than 20% member | Add as 20% or more member Name change Add as less than 20% member | | | | | |
| | Remove member | Remove member | | | | | |

| IN A.C.C. RECORDS - that manager (new n FOR NEW MANAGERS | · list the name ame and/or ac 5 - in a separ | of each manager being ddress), then check all b rate block, list the name | Use one block per person - FOR M changed, and below that provide any noxes that apply to indicate the change in the NEW Name blank and give the attach the Amendment Attachment for M | ew informat being made address, and | ion for for that manager. check the | |
|--|---|---|---|---|---|--|
| Name currently shown in ACC records | | | Name currently shown in ACC records NEW Name Address 1 Address 2 (optional) | | | |
| NEW Name | | | | | | |
| Address 1 | | | | | | |
| | | | | | | |
| Address 2 (optional) | | | | | | |
| City | State of Provin | | City | State or Province | Zip | |
| Country Address change A | add as mana | ger | Country Address change Add | as manage | r | |
| | lemove man | - [| | ove manage | | |
| 7. STATUTORY AGE 7.1 REQUIRED - give or an entity) and | NT CHANGE the name (physical o | if it is submitted with | APPOINTED - see Instructions L015i: 7.2 OPTIONAL - mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): | | | |
| Statutory Agent Name (required) Attention (optional) | | | Attention (optional) | | | |
| , and the second of the second | | | Necessary (operator) | | | |
| Address 1 | | | Address 1 | _ | | |
| Address Z (optional) | | | Address 2 (optional) | T | 1 | |
| 7.3 REQUIRED – the S Amendment. | State tatutory Age | zip ent <u>Acceptance</u> form M | City 1002 must be submitted along wit | State h these Ari | zip cicles of | |
| 8. STATUTORY AGE and/or 8.2: | NT ADDRES | S CHANGE - ADDRI | ESS OF CURRENT STATUTORY A | GENT - c | omplete 8.1 | |
| •8.1 NEW physical or street address (not a P. O. Box) in Arizona of the existing statutory agent: | | | 8.2 NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box): | | | |
| | | | | | | |
| Attention (optional) | | | Attention (optional) | | | |
| Address 1 | | | Address 1 | <u> </u> | · | |
| Address 2(optional) | | | Address 2 (optional) | 1 | T | |
| City | State | Zip | City | State | Zip | |

| | ^ - | | ONA KNO | | | | LL | | | the statutes assured |
|---------------|-----------------|----------------|---------------------------------|------------------------------|---|-------------------------------------|------------------|---|---------------------------------|--|
| | 9.1 | | | | - | | the sa | ne as the stre | et address of | the statutory agent? |
| | | | | | 10 and continu | | | | | |
| | | <u></u> | No – go | to number | 9.2 and continu | ue | | | | |
| | 9.2 | | | | ımber 9.1, give C in Arizona: | the NEW p | hysic | nl or street a | ddress (not a | P.O. Box) of the known |
| | | - | Attention (op | otional) | | | | | | |
| | | | Address 1 | | | | | | · | |
| | | | Address 2 (o | ptional) | | | | | | |
| | | - 1 | City Country | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | State or Province | Zip | |
| 0. | | URAT | TON CHA | I NGE – ch | eck one to indi | cate the NE | W dur | ation or life pe | riod of the LL | C: |
| | | | Perpetual | | | | | | | |
| | | | The LLC's | life period v | vill end on this | date: | | (e | enter a date - | mm/dd/yy) |
| | | | The LLC's | life period v | vill end upon th | e occurrenc | e of th | is event : | | |
| | | _ | | | | | | | | (describe an event |
| | | = | | | SSIONAL LLC - ROFESSIONAL | | | | |). |
| 2. | ן [| PROFE rende | | L SERVICE: | S CHANGE – | describe the | e NEW | type of profes | sional service | es the professional LLC will |
| 3. | | | nust attach | h to these A king the box | rticles of Amen | ept" below, | mplete I ackn | copy of the Li owledge <i>unde</i> | C's written a | eck boxes on this form, the mendment. erfury that this document |
| GN | UTAN | RE: | | with any a | wacillielles is s | abmittea in | compi | IGHICE WITH WHI | zona iaw. | - , |
| IGN | NATU | RE: | | with any a | ttatillielits is s | · | compi ACCEP | | ona iaw. | |
| IGN X | NATU | RE: | | with any a | ttaciiments is s | · | ACCEP | Г | zona iaw. | 10/23/14 |
| - XA Signa | ature | | together | | | Rhond | ACCEP la Ells | r worth | | |
| Signa | ature UIRE This | D - ch | together | one and fill | in the correspo LC and I am si am signing for | Rhond Printed Na Inding blank gning | ACCEP a Ells | vorth ing for an enti | ty: ber-manage a member o | 10/23/14 |
| Signa | ature UIRE This | D - ch | neck only on anager-ing as a ma | one and fill | in the correspo | Rhond Printed Na Inding blank gning | ACCEP a Ells | worth ing for an enti This is a mem ndividually as | ty: ber-manage a member o | 10/23/14 Date (mm/dd/yy) ad LLC and 1 am signing |

Expedited processing – add \$35.00 to filing fee.

All fees are nonrefundable – see Instructions.

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.