

**ARTICLES OF AMENDMENT**Read the Instructions L015I

AZ Corp. Commission



05591574

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records

SHOW LOW 44TH DRIVE, LLC

2. **A.C.C. FILE NUMBER:**

L17124722

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>

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

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

4. ☒ **MEMBERS CHANGE (CHANGE IN MEMBERS)** – see Instructions L015I – Use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – In a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

SARAH FOX			Name currently shown in ACC records		
Name currently shown in ACC records			SBM PROPERTIES, LLC		
NEW Name			NEW Name		
6970 THOMAS RANCH RD.			6970 THOMAS RANCH RD		
Address 1			Address 1		
Address 2 (optional)		AZ	85901	Address 2 (optional)	
SHOW LOW		AZ	85901	SHOW LOW	
City	UNITED STATES	State or Province	Zip	City	UNITED STATES
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	<input type="checkbox"/> Name change			
<input type="checkbox"/> Remove member		<input type="checkbox"/> Remove member			
Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)				Address 2 (optional)	
City		State or Province	Zip	City	
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as 20% or more member	<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	<input type="checkbox"/> Add as less than 20% member	<input type="checkbox"/> Name change			
<input type="checkbox"/> Remove member		<input type="checkbox"/> Remove member			

L015.001  
Rev: 2010ARIZONA CORP. COMMISSION  
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5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS)** – Use one block per person – FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Managers form L043.

Name currently shown in ACC records			Name currently shown in ACC records		
NEW Name			NEW Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	<input type="text"/>	State or Province	City	<input type="text"/>	State or Province
Country			Country		
<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add as manager	
<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager		<input type="checkbox"/> Name change	<input type="checkbox"/> Remove manager	

6. ☐ **MANAGEMENT STRUCTURE CHANGE** – see Instructions L015i – check only one box below and follow instructions:
- ☐ 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.

7. ☐ **STATUTORY AGENT CHANGE – NEW AGENT APPOINTED** – see Instructions L015i:

<b>7.1 REQUIRED</b> – give the name (can be an individual or an entity) and <b>physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>7.2 OPTIONAL</b> – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
<b>7.3 REQUIRED</b> – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

8. ☐ **STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT** – complete 8.1 and/or 8.2:

<b>8.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>8.2 NEW mailing address</b> in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip



9. ☒ **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:**

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

- ☐ 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:

16			
Attention (optional)			
1211 N. 44TH DRIVE			
Address 1			
Address 2 (optional)			
SHOW LOW		AZ	85901
City	UNITED STATES	State or Province	Zip
Country			

10. ☐ **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**: \_\_\_\_\_ (enter a date - mm/dd/yy)  
☐ The LLC's life period will end upon the occurrence of this **event**: \_\_\_\_\_ (describe an event)

11. ☐ **ENTITY TYPE CHANGE** - if changing entity type, check one and follow instructions:

- ☐ Changing to a PROFESSIONAL LLC - number 12 must also be completed.  
☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).

12. ☐ **PROFESSIONAL SERVICES CHANGE** - describe the **NEW** type of professional services the professional LLC will render:

13. ☐ **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.

☒ I ACCEPT



SARAH FOX

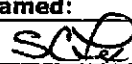
07/19/16

Signature

Printed Name

Date (mm/dd/yy)

**REQUIRED** - check only one and fill in the corresponding blank if signing for an entity:

<input type="checkbox"/> This is a <b>manager-managed LLC</b> and I am signing individually as a <b>manager</b> or I am signing for an <b>entity manager named</b> :  	<input checked="" type="checkbox"/> This is a <b>member-managed LLC</b> and I am signing individually as a <b>member</b> or I am signing for an <b>entity member named</b> :  
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Filing Fee: \$25.00 (regular processing)  
Expedited processing - add \$35.00 to filing fee.  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section  
1300 W. Washington St., Phoenix, Arizona 85007  
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.



RECEIVED

JUL 29 2015

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

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

## ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

## COVER SHEET

## USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

## 1. WHAT ARE YOU FILING?

☐ New Entity
 ☒ Change to existing entity
 ☐ Re-submission/Correction

## 2. ENTITY NAME:

SHOW LOW 44TH DRIVE, LLC

## 3. CALCULATE YOUR FEES (copies, certificate of good standing and expedited processing are all optional):

Document filing fee (fees are listed on the bottom of the form or on the fee schedule)	Subtotal:	25 -
Do you want EXPEDITED processing? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, add \$35.00	Subtotal:	
<input type="checkbox"/> Corporation certified copies \$ 5.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> LLC certified copies \$10.00 each x (enter number of copies requested)	Subtotal:	
<input type="checkbox"/> Certificate of Good Standing \$10.00 each x (enter number of copies requested)	Subtotal:	
<b>TOTAL YOUR AMOUNT OWED</b>	<b>TOTAL AMOUNT DUE:</b>	25 -

## 4. PAYMENT METHOD:

☐ MOD Account #**Cash** - do not mail cash. Cash may be used only for in-person submittals.**Checks or money orders** - must be made payable to "Arizona Corporation Commission," with all words spelled out and no abbreviations. Checks must be completely and properly filled out, including the amount sections. UNACCEPTABLE CHECKS include: no imprinted or preprinted name and address of the account holder; no imprinted or preprinted check number; handwritten or stamped names, addresses, or check numbers; temporary checks (new accounts).**Credit cards** - may be used for in-person submittals, and for online corporation annual reports, online name reservations, or online certificates of good standing. We accept only Visa, MasterCard, and American Express.

## 5. REQUIRED - RETURN DELIVERY OPTION (PLEASE PRINT CLEARLY and select only ONE):

<input type="checkbox"/> Email	Email address:	
<input type="checkbox"/> Pick up	Name:	Phone:
<input type="checkbox"/> Mail	Name: Sarah Fox Address: 6970 Thomas Ranch Rd City: Show Low, AZ 85901-3963 Phone: 928-228-8161	

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY ONE WEEK)

FOR ARIZONA CORPORATION COMMISSION USE ONLY

PICK-UP BY: \_\_\_\_\_

DATE: \_\_\_\_\_

View current processing times at: [www.azcc.gov/Divisions/Corporations/document-processing-times.pdf](http://www.azcc.gov/Divisions/Corporations/document-processing-times.pdf)

**4. TELL US THE AMOUNT AND FREQUENCY OF YOUR DISTRIBUTION (CONTINUED)****B. ONE-TIME SECURITIES DISTRIBUTION**

If applicable, list all securities to be sold or distributed and transferred to your non-retirement Schwab One® account. (Additional securities should be listed on a separate sheet of paper.)

Please check only one box.

Commissions may apply.  
Please call 1-800-435-4000  
for details.

Make sure to designate either  
shares or dollar value.

☐ Sell specific shares of the securities listed below and distribute the net sales proceeds.

☐ Distribute and transfer specific shares of the securities listed below to my non-retirement Schwab One account or my Schwab Roth IRA as indicated in Section 5.\*

Name of Security #1

☐ Number of Shares

☐ Dollar Value \$

Name of Security #2

☐ Number of Shares

☐ Dollar Value \$

Name of Security #3

☐ Number of Shares

☐ Dollar Value \$

Name of Security #4

☐ Number of Shares

☐ Dollar Value \$

**NOTE:** The value of the distribution (including securities) will be determined using the most recent market price received by Schwab when this form is processed.

\*Some securities cannot be delivered. Please call 1-800-435-4000 for additional information.

**C. RECURRING CASH DISTRIBUTION**

☐ Distribute \$ from my cash balance:

☐ Before taxes are removed (gross distribution)

☐ After taxes are removed (net distribution)

If you elected to have taxes  
withheld, tell us if the  
distribution amount is a gross  
or net amount.

Beginning      /      / 20 , distribute the cash amount above and continue until I instruct otherwise.  
(mm/dd/yyyy)

**NOTE:** Please ensure that there is sufficient cash available in your account by the date of your scheduled distribution.

Frequency:

☐ Weekly

☐ Two times monthly:

     /       
(mm/dd)

and      /       
(mm/dd)

☐ Monthly on:

      
(dd)

☐ Last business day of each month

☐ Every two months

☐ Quarterly

☐ Two times annually

☐ Annually

These options are  
only available with  
Schwab MoneyLink®

**TELL US THE AMOUNT AND FREQUENCY OF YOUR DISTRIBUTION**  
continues on next page

