

MAR 28 2017

FILE NO. L-0708763-0



05849158

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:

East Fork Cabins, LLC

2. **A.C.C. FILE NUMBER:** L07087630

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.

| | | | | | |
|--|--|-----|---|--|-----|
| Name currently shown in ACC records <u>William Jennings Schnauser</u> | | | 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 | State or Province | Zip |
| Country | | | Country | | |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Add as 20% or more member | | <input type="checkbox"/> Address change | <input type="checkbox"/> Add as 20% or more member | |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Add as less than 20% member | | <input type="checkbox"/> Name change | <input type="checkbox"/> Add as less than 20% member | |
| | <input checked="" 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 | State or Province | Zip |
| Country | | | Country | | |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Add as 20% or more member | | <input type="checkbox"/> Address change | <input type="checkbox"/> Add as 20% or more member | |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Add as less than 20% member | | <input type="checkbox"/> Name change | <input type="checkbox"/> Add as less than 20% member | |
| | <input type="checkbox"/> Remove member | | | <input type="checkbox"/> Remove member | |

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.

| | | | | | |
|--|-------------------|-----|--|-------------------|-----|
| William Jennings Schmafer JR | | | William Jennings Schmafer III | | |
| 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 | State or Province | Zip |
| Country | | | Country | | |
| <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager | | | <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager | | |

6. ☐ **MANAGEMENT STRUCTURE CHANGE** – see Instructions L015 – 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 L015:

| | | | |
|---|-------|---|--|
| 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: | | 7.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box): | |
| Clare michelle Titsworth | | | |
| Statutory Agent Name (required) | | | |
| Attention (optional) | | Attention (optional) | |
| PO. Box 50 | | | |
| Address 1 | | Address 1 | |
| Address 2 (optional) | | Address 2 (optional) | |
| City | State | Zip | |
| Greer | GA | 85927 | |
| 7.3 REQUIRED – the <u>Statutory Agent Acceptance form M002</u> 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:

| | | | |
|--|-------|---|--|
| 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 | |
| Address 2 (optional) | | Address 2 (optional) | |
| City | State | Zip | |
| | | | |

AMENDMENT ATTACHMENT FOR MANAGERS

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

East Fork Cabins, LLC

2. **A.C.C. FILE NUMBER:** L07087630

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. **Check one box only to indicate what document the Attachment goes with:**

☒ Articles of Amendment ☐ Articles of Amendment to Application for Registration

4. **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, use another Amendment Attachment for Managers form.

| | | | | | |
|--|-------------------|-------|--|-------------------|-------|
| Barbara Nicoll | | | Clare Michelle Titsworth | | |
| Name currently shown in ACC records | | | Name currently shown in ACC records | | |
| NEW Name | | | NEW Name | | |
| Address 1 | | | P.O. Box 50 | | |
| Address 2 (optional) | | | Address 2 (optional) | | |
| City | State or Province | Zip | City | State or Province | Zip |
| | | | Greer | AZ | 85927 |
| Country | | | Country | | |
| <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Remove manager | | | <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager | | |
| Karen Dowens | | | | | |
| Name currently shown in ACC records | | | Name currently shown in ACC records | | |
| NEW Name | | | NEW Name | | |
| P.O. Box 50 | | | | | |
| Address 1 | | | Address 1 | | |
| Address 2 (optional) | | | Address 2 (optional) | | |
| City | State or Province | Zip | City | State or Province | Zip |
| Greer | AZ | 85927 | | | |
| Country | | | Country | | |
| <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager | | | <input type="checkbox"/> Address change <input type="checkbox"/> Add as manager <input type="checkbox"/> Name change <input type="checkbox"/> Remove manager | | |

STATUTORY AGENT ACCEPTANCE

1. 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):

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:

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.

Clare Michelle Titsworth Clare Michelle Titsworth 3-28-17
Signature Printed Name Date

☒ **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.

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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:

| | | | |
|----------------------|-------------------|-----|--|
| | | | |
| Attention (optional) | | | |
| Address 1 | | | |
| Address 2 (optional) | | | |
| City | 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

Signature: Clare Michelle Titsworth Printed Name: Clare Michelle Titsworth Date (mm/dd/yy): 3-28-17

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

| | |
|--|--|
| <input checked="" type="checkbox"/> This is a manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named : _____ | <input type="checkbox"/> This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named : _____ |
|--|--|

| | |
|---|---|
| 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

MAR 28 2017

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
**** ORDER COPIES USING A RECORDS REQUEST FORM ****

WHAT ARE YOU FILING?

☐ New Entity ☒ Change to existing entity ☐ Re-submission of rejected filing

ENTITY NAME - give the exact name of the corporation as currently shown in A.C.C. records:

East Fork Cabins, LLC

EXPEDITED PROCESSING?

☒ YES - add \$35 to the filing fee ☐ NO - pay only the filing fee

Document filing fees are listed on the bottom of each form or on the fee schedule on our website, <http://ecorp.azcc.gov>, under the FAQs.

PAYMENT:

☐ MOD Account #: Amount to deduct:

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.

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

| | | | |
|---|---|--------|------|
| <input checked="" type="checkbox"/> Email | Email address: <u>TitsworthShelly@gmail.com</u> | | |
| <input type="checkbox"/> Pick up | Name: | Phone: | |
| <input type="checkbox"/> Mail | Name: | | |
| | Address: | | |
| | City: | State: | Zip: |
| | Phone: | | |

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