

APR 26 2018

FILE NO. L10362449

06316710

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:

CP Real Estate Invesments, L.C.

2. **A.C.C. FILE NUMBER:** L10362449

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 -
To REMOVE a member - list the name only of the member being removed and check "Remove member."
To ADD a member - list the name and address of the member being added and check "Add member."
To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
To CHANGE NAME of existing member - list the current name, then the NEW name, and check "Name change."
If more space is needed, complete and attach the Amendment Attachment for Member form L044.

Burton Cagen							
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
6321 S. Shannon Dr				The Cagen Revocable Trust dated 12-21-2004			
Address 1				Address 1			
6321 S. Shannon Dr.				Burton and Marci Cagen, Trustees			
Address 2 (optional)		AZ		Address 2 (optional)		AZ	
Tempe		85283		Tempe		85283	
City		State or Province		City		State or Province	
UNITED STATES				UNITED STATES			
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add member		<input type="checkbox"/> Address change		<input checked="" type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input checked="" type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<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		City		State or Province	
Country				Country			
<input type="checkbox"/> Address change		<input type="checkbox"/> Add member		<input type="checkbox"/> Address change		<input type="checkbox"/> Add member	
<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member	

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person –**
 To REMOVE a manager - list the name only of the manager being removed and check "Remove manager."
 To ADD a manager - list the name and address of the manager being added and check "Add manager."
 To CHANGE ADDRESS only - list the name and NEW address and check "Address change."
 To CHANGE NAME of existing manager - list the current name, then the NEW name, and check "Name change."
 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 manager		<input type="checkbox"/> Address change	<input type="checkbox"/> Add 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. All persons will be listed on the appropriate Attachment form.
- ☒ 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:**

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):		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
7.3 REQUIRED – 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:**

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	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:

Attention (optional)			
Address 1			
Address 2 (optional)			
City	<input type="text"/>	State or Province	Zip
Country	<input type="text"/>		

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

Burton Cagen
Printed Name

04/20/18
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 manager-managed LLC and I am signing individually as a manager or I am signing for an entity manager named: <input type="text"/>	<input checked="" 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: <input type="text"/>
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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.

Clear Form

Print Form

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

MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):

CP Real Estate Investments, L.C.

2. **A.C.C. FILE NUMBER** (if known): L10362449

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

4. **MANAGERS / MEMBERS** – give the name and address of each and every **manager** and list all **members who own 20% or more** of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – *do not check both member boxes*. If more space is needed, use another Manager Structure Attachment form.

Burton Cagen				Kent P Plank			
Name				Name			
6321 S. Shannon				625 Temple Hills Dr			
Address 1				Address 1			
Address 2 (optional)				Address 2 (optional)			
Tempe		AZ	85283	Laquna Beach		CA	92651
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country				Country			
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input checked="" type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			
The Cagen Revocable Trust 12-21-2004				Kent P Plank Trust			
Name				Name			
Burton Cagen and Marci Cagen trustees				Kent P Plank Trustee			
Address 1				Address 1			
6321 S. Shannon				625 Temple Hills Dr.			
Address 2 (optional)				Address 2 (optional)			
Tempe		AZ	85283	Laquna Beach		CA	92651
City	UNITED STATES	State or Province	Zip	City		State or Province	Zip
Country				Country			
<input type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			
Name				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"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member				<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			