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ARTICLES OF AMENDMENT TO APPLICATION FOR REGISTRATION OF FOREIGN LLC

Read the Instructions <u>L017i</u>

1.	EN	TITY NAME – give the exact name of the LLC as currently shown in A.C.C. records:
	CL	EARVIEW ABSTRACT LLC
		K THE BOX NEXT TO EACH CHANGE BEING MADE AND PLETE THE REQUESTED INFORMATION FOR THAT CHANGE.
2.		LLC NAME CHANGE – NAME IN STATE OR COUNTRY OF FORMATION (Foreign Name) – type or print the exact NEW name:
3.		LLC NAME CHANGE – NAME USED IN ARIZONA (Entity Name) – type or print the exact NEW name:
4.		ENTITY TYPE CHANGE - check one and follow instructions: Changing to a PROFESSIONAL LLC - number 6 must also be completed. Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).
5.		PROFESSIONAL SERVICES CHANGE – list the NEW type of professional services the professional LLC will render:
6.		FOREIGN DOMICILE CHANGE – list the NEW domicile state or country:
7.		PURPOSE / CHARACTER OF BUSINESS CHANGE – state the NEW purpose or character of business:
8.		MEMBERS CHANGE (CHANGE IN MEMBERS) – <u>see Instructions L017i</u> – if a change is being made with respect to one or more members, complete and attach the <u>Amendment Attachment for Members</u> form L044. The filing will be rejected if it is submitted without the attachment.

9.	Ú	beir Atta	NAGERS CHA ng made with achment for N attachment.	respect	to one or mo	ore n	nanagers	, complete a	and attach	n the <u>A</u>	
10.		belo	NAGEMENT OW AND FOLLOW CHANGING Attachment for Attachment for Attachment for	instructi FO <i>MANA</i> m L040. <i>Ti</i> FO <i>MEMB</i>	ons (all persons) GER-MANAGE SER-MANAGE	ons w GED L reject ED LL	ill be liste LC - com ted if it is so .C - compl	d on the appoint of the depth o	ropriate at the <u>Mana</u> out the attac the <u>Membe</u>	tachme ger Stru hment . r Struct	ent form): ucture
11.			NEW address		DOMICILE	(PR	INCIPAL	OFFICE A	DDRESS	CHA	NGE – list
			Attention (optional)								
			Address 1								
		,	Address 2 (optional)	,						1	
			City					State or Province		Zip	
		l	Country								
	12.	2	Attention (optional)							treet	address (not
			Address 2 (optional)				T				
			City [0:		•		State or	-	Zip	
			Country			100		Province			
13.		STA	ATUTORY AG	ENT CH	ANGE – NE	w A	AGENT	ΔΡΡΟΙΝΤΕ	D = see I	nstruc	tions I 017i
		. RE an	QUIRED – give to individual or an street address izona of the NEV	the name (entity) an (not a P.0	can be d <i>physical</i> J. Box) in			2 OPTIONAL	- Mailing ad	dress ir	n Arizona of NEW om street address
	refre		nvestment	Enterp	rises, LLC						
		-	lew River R	Road			Attention (or Address 1	otionai)			
Addre	ss 2 (or	-		AZ	85087		Address 2 (o	ptional)			
City	Nev 13.3		VET EQUIRED - the	State Statutory A	Zip	form M	City	submitted along		rticles of	Zip

complete 14.1 and/or		IANGE - ADD	RESS OF EXISTING S	TATUTORY A	GENT -
14.1 NEW physical or s (not a P.O. Box) in existing statutory a		of the exist	W mailing address in Arizona the existing statutory agent (can a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2(optional)			Address 2 (optional)		1
City	State	Zip	City	State	Zip
<i>law</i> that t	his doc	ument togethe Arizona law.	I accept" below, I acknower with any attachments I ACCEPT		
^			TACCET		
Red Stan	~*		Reid Stewart		1/25/19
REQUIRED - check only	one and			ing for an enti	ty:
I am the individual Manag manager-managed LLC or signing for an entity mana named:	I am	mar	n a Member of this member- naged LLC or I am signing for ity member named:		n a duly authorized ent for this LLC.
		Carefree	Investment Enterprises, l	LLC	

Filing Fee: \$25.00 (regular processing)	Mail:	Arizona Corporation Commission - Corporate Filings Section
Expedited processing – add \$35.00 to filing fee.		1300 W. Washington St., Phoenix, Arizona 85007
All fees are nonrefundable - see Instructions.	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



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AMENDMENT ATTACHMENT FOR MANAGERS

 ENTITY NAME - give the CLEARVIEW ABSTRA 		me of the l	LC as	s currently show	vn in A.	C.C. record	is:
-							
2. Check one box only to	indicate	what docu	umen	it the Attachm	ent go	es with:	
Articles of Amen	dment [Articles	of Am	endment to App	plication	n for Regis	tration
3. MANAGERS CHANGE (CHAN To REMOVE a manager - list the To ADD a manager - list the To CHANGE ADDRESS only - li To CHANGE NAME of existing If more space is needed, comp	he name only name and add ist the name a manager - list	of the manag ress of the m and NEW addr the current r	er beir anager ess an name, f	ng removed and che being added and c d check "Address cl then the NEW name	heck "Ado hange." e, and che	d manager."	
Fausto R. Ordonez Jr. Name currently shown in ACC records				an Green currently shown in ACC re-	cords		
7202 East Ho Rd. Address 1			NEW N 720 Addres	2 East Ho Rd	l.		
Box 2718 Address 2 (optional)				2718 s 2 (optional)			
Carefree	AZ	85377		efree		AZ	85377
City UNITED STATES	State or Province	Zip	City	UNITED STATES		State or Province	Zip
= '=	manager e manager			y Address change [Name change [=	as manager ove manager	
Reid Stewart Name currently shown in ACC records			Name (currently shown in ACC re	cords		
NEW Name 2500 W. New River Roa	d		NEW N				
Address 1			Addres	5 1			
Address 2 (optional)		05005	Addres	s 2 (optional)			
New River	AZ State or	85087 Zip	City			State or	Zip
UNITED STATES	Province		,			Province	
Country			Countr	_		-	
Address change Add as	manager			Address change [Add	as manager	
☐ Name change ☐ Remov	e manager			Name change [Remo	ove manager	

Clear Form

Print Form

JAN 25 2019

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ARIZONA CORPORATION COMMISSION CORPORATIONS DIVISION

COVER SHEET

USE A SEPARATE COVER SHEET FOR EACH DOCUMENT RECEIVED

** ORDER COPIES USING A RECORDS REQUEST FORM **

☐ New Entity			2019
	Change to existing entity	Re-submission of	rejected TRIAGNA CORP COMMISSION CORPORATIONS DIVISION
ENTITY NAM	E - give the exact name of the co		
CLEARVIEW A	BSTRACT LLC		

EXPEDITED !	PROCESSING?		
✓YES - add	\$35 to the filing fee	☐ NO - pay only the	filing fee
	ng fees are listed on the bottom of azcc.gov, under the FAQs.	of each form or on the f	ee schedule on our website,
PAYMENT:			
☐ MOD Acc	ount #: Tota	al amount to deduct:	
abbreviations. C include: no impl handwritten or :	ney orders - must be made payable to "A checks must be completely and properly frinted or preprinted name and address of stamped names, addresses, or check num may be used for in-person submittals, an	filled out, including the amour the account holder; no impri nbers, temporary checks (nev	nt sections. UNACCEPTABLE CHECKS nted or preprinted check number; v accounts).
online certificate	es of good standing. We accept only Visa, RETURN DELIVERY OPTION (, MasterCard, and American E	xpress.
online certificate		, MasterCard, and American E	xpress.
online certificate REQUIRED -	RETURN DELIVERY OPTION (, MasterCard, and American E	xpress.
enline certificate REQUIRED - Email	RETURN DELIVERY OPTION (, MasterCard, and American E	and select only ONE):
REQUIRED - Email Pick up	RETURN DELIVERY OPTION (Email address: best@fowlerstclair.co Name:	, MasterCard, and American E	and select only ONE):
REQUIRED - Email Pick up	RETURN DELIVERY OPTION (Email address: best@fowlerstclair.co Name: Name:	, MasterCard, and American E	and select only ONE):
REQUIRED - Email Pick up	RETURN DELIVERY OPTION (Email address: best@fowlerstclair.co Name: Name: Address:	MasterCard, and American E PLEASE PRINT CLEARLY om	And select only ONE): Phone:
enline certificate REQUIRED - Email Pick up Mail	RETURN DELIVERY OPTION (Email address: best@fowlerstclair.co Name: Name: Address: City:	MasterCard, and American E PLEASE PRINT CLEARLY om State:	zip:
enline certificate REQUIRED - Email Pick up Mail	RETURN DELIVERY OPTION (Email address: best@fowlerstclair.co Name: Name: Address: City: Phone: WILL BE MAILED IF THEY ARE NOT PI	MasterCard, and American E PLEASE PRINT CLEARLY om State:	zip: