

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## LIMITED LIABILITY COMPANY

### ENTITY INFORMATION

**ENTITY NAME:** DESERT HILLS UNLIMITED, LLC  
**ENTITY ID:** L19677438  
**ENTITY TYPE:** Domestic LLC  
**PERIOD OF DURATION:** Perpetual  
**PROFESSIONAL SERVICES:**  
**CHARACTER OF BUSINESS:** Any legal purpose  
**MANAGEMENT STRUCTURE:** Manager-Managed

### NEW NAME

No name change

### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Sallie Louise Filer  
**PHYSICAL ADDRESS:** 6601 E. Willow Springs Ln, CAVE CREEK, AZ 85331  
**MAILING ADDRESS:** P.O. Box 7590, CAVE CREEK, AZ 85327

### KNOWN PLACE OF BUSINESS

6601 E WILLOW SPRINGS LN , CAVE CREEK, AZ 85331

### PRINCIPALS

Manager: Marital Non-Exempt Trust Filer Living Trust - 6601 E Willow Springs Ln, CAVE CREEK, AZ, 85331,  
USA - - Date of Taking Office:

Member: Marital Non-Exempt Trust Filer Living Trust - 6601 E WILLOW SPRINGS LN, CAVE CREEK, AZ, 85331,  
USA - - Date of Taking Office:

### SIGNATURE

Authorized Agent: Theresa M Howe Stoel Rives LLP - 06/22/2020

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## 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:

DESERT HILLS UNLIMITED, LLC

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

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

3. ☐ **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](#).

<b>1.</b>	<b>2.</b>
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	City
State or Province	State or Province
Zip	Zip
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
<b>3.</b>	<b>4.</b>
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	City
State or Province	State or Province
Zip	Zip
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

4. ☐ **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 "R"  
 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](#).

<b>1.</b>			<b>2.</b>		
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 checked="" 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	

5. ☒ **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.*

<b>6. <input checked="" type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – <a href="#">see Instructions L015i</a>:</b>					
<b>6.1 REQUIRED</b> – give the <b>name</b> (can be an individual or an entity) <b>and physical or street address</b> (not a P.O. Box) in Arizona of the NEW statutory agent:			<b>6.2 REQUIRED</b> – mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box):		
Sallie Louise Filer			<input type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
6601 E. Willow Springs Lane			P.O. Box 7590		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	Cave Creek	AZ	City	Cave Creek	AZ
		85331			85327
	State	Zip		State	Zip
<b>6.3 REQUIRED</b> – the <a href="#">Statutory Agent Acceptance</a> form M002 must be submitted along with these Articles of Amendment.					

<b>7. <input type="checkbox"/> STATUTORY AGENT ADDRESS CHANGE – ADDRESS OF CURRENT STATUTORY AGENT – complete 7.1 and 7.2:</b>					
<b>7.1 NEW physical or street address</b> (not a P. O. Box) in Arizona of the existing statutory agent:			<b>7.2 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	City		State
		Zip			Zip

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.

Filing Fee: \$25.00 (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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**Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.**

<input type="checkbox"/> I am an individual authorized to sign this document.	<input type="checkbox"/> I am signing on behalf of an entity that is authorized to sign this document.
Marital Non-Exempt Trust Filer Living Trust	

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

Signature	Printed Name
<i>Sallie L. Filer</i>	Sallie L. Filer, Trustee of Manager

☒ I ACCEPT

**SIGNATURE:** By checking the box marked "I accept" below, I acknowledge under penalty of law that this document together with any attachments is submitted in compliance with Arizona law.

**11. 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.

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

☐ Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).  
☐ Changing to a PROFESSIONAL LLC - number 10 must also be completed.

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

Country	City	State or Province	Zip
Address 1			
Address 2 (optional)			
Attention (optional)			

**8.2** If you answered "No" to number 8.1, give the **NEW principal address** (can be outside of Arizona and can be a P.O. Box.)

☐ No - go to number 8.2 and continue

☐ Yes - go to number 9 and continue

**8.1** Is the **NEW** principal address the same as the street address of the statutory agent?

**8. PRINCIPAL ADDRESS CHANGE:** ☐

Clear Form

Print Form

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**MANAGER STRUCTURE ATTACHMENT**

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

- 2. 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. **Use one block per person.** Check the appropriate box or boxes below each person listed. If more space is needed, use another [Manager Structure Attachment](#) form.

<b>1.</b> Marital Non-Exempt Trust Filer Living Trust Name Address 1 6601 E. Willow Springs Lane Address 2 (optional) Cave Creek AZ 85331 City UNITED STATES State or Province Zip Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<b>2.</b> Marital Non-Exempt Trust Filer Living Trust Name Address 1 6601 E. Willow Springs Lane Address 2 (optional) 85331 AZ City UNITED STATES State or Province Zip Country <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member owning 20% or more
<b>3.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<b>4.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
<b>5.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	<b>6.</b> Name Address 1 Address 2 (optional) City State or Province Zip Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more



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**STATUTORY AGENT ACCEPTANCE***Please read Instructions*

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 Articles of Incorporation):

DESERT HILLS UNLIMITED, LLC

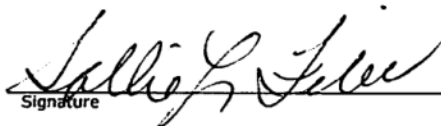
2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Sallie Louise Filer

3. **STATUTORY AGENT SIGNATURE:**

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.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

  
Signature

Sallie Louise Filer

Printed Name

Date

**REQUIRED** – check only one:

☒ **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.

**Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.**

Filing Fee: none (regular processing)  
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section  
1300 W. Washington St., Phoenix, Arizona 85007  
Fax: 602-542-4100

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