

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:

IDYLWILDE AZ 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.

1. Was Management LLC <small>Name currently shown in ACC records</small>				2. <small>Name currently shown in ACC records</small>							
NEW Name				NEW Name							
Address 1				Address 1							
Address 2 (optional)				Address 2 (optional)							
City	<input type="text"/>	State or Province	<input type="text"/>	Zip	<input type="text"/>	City	<input type="text"/>	State or Province	<input type="text"/>	Zip	<input type="text"/>
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 checked="" type="checkbox"/> Remove member		<input type="checkbox"/> Name change		<input type="checkbox"/> Remove member					
3.						4.					
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	<input type="text"/>	Zip	<input type="text"/>	City	<input type="text"/>	State or Province	<input type="text"/>	Zip	<input type="text"/>
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					

