

Document Type: **Articles of Amendment - LLC**

Document Fee: **\$25.00**

Entity Name: **CJ & ASSOCIATES, LLC - GOLDEN**

Additional Fee: **\$0.00**

Entity Information

Entity Name: CJ & ASSOCIATES, LLC - GOLDEN

Entity Type: Domestic LLC

Entity ID: 23160968

Management Structure: Manager-Managed

Entity Email Address: azjane1@cox.net

Formation Date: 12/18/2020

Status: Active

Effective Date: 08/27/2022

Effective Time: 01:20PM

Character of Business: Real Estate and Rental and Leasing

Character of Business Sub Code: Residential Property Managers

 Perpetual (forever)

Update Entity Information

New Entity Name

Statutory Agent Information

Name	Attention	Address	Email
CJ & ASSOCIATES, LLC	Jane Mastrull Carter	2154 East Ranch Road, TEMPE, AZ, 85284, USA	azjane1@cox.net
Attention	Mailing Address		
Jane Mastrull Carter	PO BOX 6533 CHANDLER, AZ, 85246, USA		

Principal Address

Attention	Address
Jane Mastrull Carter	PO BOX 6533, CHANDLER, AZ, 85246, USA

Principal Information

Management Structure: Manager-Managed

Title	Name	Attention	Address	Email	Date Taking Office
Member	Carter Family Trust	Jane Mastrull Carter	PO BOX 6533, CHANDLER, AZ 85246, USA	azjane1@cox.net	
Manager	CJ & ASSOCIATES, LLC	Jane Mastrull Carter	PO BOX 6533, CHANDLER, AZ 85246, USA	azjane1@cox.net	

Uploaded Attachments

The eCorp system will create part of the Articles of Amendment from the information I have entered.

☒ I will upload only the text of the amendment to complete the filing. ☐ I will upload and use my own complete form as the official Articles of Amendment.

File Name

GOLDEN ARTICLES.pdf

Signature

By typing/entering my name, I intend to affix my electronic signature acknowledging that this electronic document is submitted in compliance with Arizona law. I certify that the information on the electronic document is true, complete, and accurate as of the date the electronic filing is submitted.

☒ I Agree

Signature: CJ & ASSOCIATES, LLC Name: Jane Mastrull Carter

Title: Manager

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:

CJ & ASSOCIATES, LLC - GOLDEN

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.	2.
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
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

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 "Re
 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.

1.			2.		
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	

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.*

6. <input type="checkbox"/> STATUTORY AGENT CHANGE – NEW AGENT APPOINTED – see Instructions L015i:					
6.1 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:			6.2 REQUIRED – mailing address in Arizona of NEW Statutory Agent, if different from street address (can be a P.O. Box):		
			<input type="checkbox"/> Check box if same as street address.		
Statutory Agent Name (required)					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
6.3 REQUIRED – the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with these Articles of Amendment.					

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

8. ☐ **PRINCIPAL ADDRESS CHANGE:**

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

- ☒ Yes – go to number 9 and continue
- ☐ No – go to number 8.2 and continue

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.)

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

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

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

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

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.

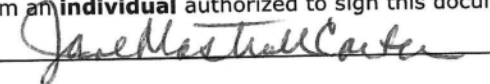
☒ I ACCEPT

Jane Mastrull Carter
Signature

Jane Mastrull Carter
Printed Name

August 26, 2022
Date (mm/dd/yy)

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

<input checked="" 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.
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Expedited or Same Day/Next Day services are available for an additional fee – see Instructions or Cover sheet for prices.

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

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):

CJ & ASSOCIATES, LLC - GOLDEN

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.

1.	2.
Carter Family Trust	Carter Family Trust
Name Jane Mastrull Carter	Name Steven Carter
Address 1 2154 E. Ranch Road	Address 1 2154 E. Ranch Road
Address 2 (optional) Tempe	Address 2 (optional) Tempe
City UNITED STATES	City UNITED STATES
State or Province AZ	State or Province AZ
Zip 85284	Zip 85284
Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	Country <input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
3.	4.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more
5.	6.
Name	Name
Address 1	Address 1
Address 2 (optional)	Address 2 (optional)
City	City
State or Province	State or Province
Zip	Zip
Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more	Country <input type="checkbox"/> Manager <input type="checkbox"/> Member owning 20% or more