Arizona Corporation Commission - RECEIVED: 7/1/2019
Arizona Corporation Commission - FILED: 7/1/2019
19070116595921

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: Arical Estates LLC

ENTITY ID: 23000364
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 07/01/2019
CHARACTER OF BUSINESS: Real Estate and Rental and Leasing
MANAGEMENT STRUCTURE: Member-Managed
PERIOD OF DURATION: Perpetual
PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Muneer Ahmed Mohsin

PHYSICAL ADDRESS: 7290 S QUINN AVE, GILBERT, AZ 85298

MAILING ADDRESS:

KNOWN PLACE OF BUSINESS

Att: Muneer Mohsin, 2683 E MEAD PL, CHANDLER, AZ 85249

PRINCIPALS

Member: Abdul Q Memon - 2683 E MEAD PL, CHANDLER, AZ 85249, USA - aq@memons.org - Date of Taking Office:

Member: Kamran H Casim - 3011 Black Oak Dr, ROCKLIN, CA 95765, USA - kcasim@yahoo.com - Date of Taking Office:

Member: Muneer A Mohsin - 7290 S Quinn Ave, GILBERT, AZ 85298, USA - muneer@axxessgroup.in - Date of Taking Office:

ORGANIZERS

Abdul Q Memon: 2683 E MEAD PL, CHANDLER, AZ 85249, USA, aq@memons.org

Muneer A Mohsin: 7290 S Quinn Ave, GILBERT, AZ 85298, USA, muneer@axxessgroup.in

SIGNATURES

Organizer: Abdul Q Memon - 07/01/2019

Organizer: Muneer A Mohsin - 07/01/2019

FILED: 10/24/2016 6:36:20 PM DOCUMENT # 05709995

FILE #: L21326480

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ARTICLES OF ORGANIZATION

1. **ENTITY TYPE:** LIMITED LIABILITY COMPANY

2. **ENTITY NAME:** AZCA PROPERTIES LLC

3. **FILE NUMBER:** L21326480

4. **STATUTORY AGENT NAME AND ADDRESS:**

Street Address:

MUNEER A. MOHSIN

2683 E. MEAD PL.

CHANDLER , AZ 85249

Mailing Address:

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

2683 E. MEAD PL.

CHANDLER , AZ 85249

6. **DURATION**: Perpetual

7. **MANAGEMENT STRUCTURE:** **Manager-Managed**

The names and addresses of all Managers are:

1 **MUNEER A. MOHSIN**

3250 S. ARIZONA AVE.
APT. 2091
CHANDLER, AZ 85248

The names and addresses of all Members are:

1 **MUNEER A. MOHSIN**

3250 S. ARIZONA AVE.
APT. 2091
CHANDLER, AZ 85248

2 **ABDUL QADIR MEMON**

2683 E. MEAD PL.

CHANDLER, AZ 85249

3 **KAMRAN H. CASIM**

3011 BLACK OAK DR.

ROCKLIN, CA 95765

ORGANIZER: Muneer A. Mohsin 10/24/2016

AZ Corp. Commission

05135739

AZ CORPORATION COMMISSION
FILED

JUN 29 2015

AZ CORPORATION COMMISSION
FILED

JUL 08 2015

FILE NO. L-2016208-2 FILE NO. L-2016208-2

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

ARTICLES OF ORGANIZATION

Read the Instructions L010i

1. **ENTITY TYPE** – **check only one** to indicate the type of entity being formed:

☑ LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC")

☐ PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "PLLC")

2. **ENTITY NAME** – see Instructions L010i for full naming requirements – give the exact name of the LLC:

A2Z AUTO HUB L.L.C.

3. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** – If and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (*examples:* law firm, accounting, medical):

4. **STATUTORY AGENT for service of process** – *see Instructions L010i*

4.1 *REQUIRED* – give the **name** (can be an Arizona resident or an Arizona-registered entity) ***and physical or street address*** (not a P.O. Box) in Arizona of the statutory agent:			4.2 *OPTIONAL* – mailing address in Arizona of Statutory Agent (can be a P.O. Box):		
ABDUL QADIR MEMON					
Statutory Agent Name					
2683 E MEAD PLACE					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City CHANDLER	AZ State	Zip 85249	City	AZ State	Zip

4.3 *REQUIRED* – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

5.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent?

☑ Yes – go to number 6 and continue

☐ No – go to number 5.2 and continue

5.2 If you answered **"No"** to number 5.1, give the **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)		AZ	
City	Country U.S.A.	State or Province	Zip

6. **DURATION** - If the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below *and* fill in the corresponding blank:

☐ The LLC's life period will end on this date: _____ (enter a date)

☐ The LLC's life period will end upon the occurrence of this event: (describe an event)

_____

_____

COMPLETE NUMBER 7 OR NUMBER 8 – NOT BOTH.

7. **MANAGER-MANAGED LLC** – *see Instructions L010i* – check this box ☐ if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. **MEMBER-MANAGED LLC** – *see Instructions L010i* – check this box ☑ if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. **ORGANIZERS and SIGNATURE** - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

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.

Organizer: ABDUL QADIR MEMON

_____ 06/25/2015

Signature Date

_____

Printed Name (if different from Organizer)

Filing Fee: $50.00 (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.

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

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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 Article of Incorporation):

   A2Z AUTO HUB L.L.C.

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:

   ABDUL QADIR MEMON

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	ABDUL QADIR MEMON	07/07/2015
	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.

Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

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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.

MEMBER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
   A2Z AUTO HUB L.L.C.

2. **A.C.C. FILE NUMBER** (if known): _____
   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. **MEMBERS** – give the name and address of **all Members**. If more space is needed, use another Member Structure Attachment form.

1. ABDUL QADIR MEMON Name 2683 E MEAD PLACE Address 1 Address 2 (optional) CHANDLER / AZ / 85249 City / State or Province / Zip Country	2. MUNEER AHMED MOHSIN Name 2683 E MEAD PLACE Address 1 Address 2 (optional) CHANDLER / AZ / 85249 City / State or Province / Zip Country
3. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	4. Name Address 1 Address 2 (optional) City / State or Province / Zip Country
5. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	6. Name Address 1 Address 2 (optional) City / State or Province / Zip Country
7. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	8. Name Address 1 Address 2 (optional) City / State or Province / Zip Country

AZ CORPORATION COMMISSION
FILED

JUL 10 2015

AZ CORPORATION COMMISSION
FILED

JUN 29 2015

FILE NO. L-20162479

AZ Corp. Commission
05135950

FILE NO. L-20162479

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

ARTICLES OF ORGANIZATION

Read the Instructions L010i

1. **ENTITY TYPE - check only one** to indicate the type of entity being formed:

☑ LIMITED LIABILITY COMPANY (entity name must contain the words "Limited Liability Company" or "LLC")

☐ PROFESSIONAL LIMITED LIABILITY COMPANY (entity name must contain the words "Professional Limited Liability Company" or "PLLC")

2. **ENTITY NAME** – see Instructions L010i for full naming requirements – give the exact name of the LLC:

AXXESS ESTATES L.L.C.

3. **PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** – if and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (*examples:* law firm, accounting, medical):

4. **STATUTORY AGENT for service of process** – *see Instructions L010i*

4.1 *REQUIRED* – give the **name** (can be an Arizona resident or an Arizona-registered entity) ***and physical or street address*** (not a P.O. Box) in Arizona of the statutory agent:			4.2 *OPTIONAL* – mailing address in Arizona of Statutory Agent (can be a P.O. Box):		
ABDUL QADIR MEMON					
Statutory Agent Name					
2683 E MEAD PLACE					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City CHANDLER	AZ State	Zip 85249	City	AZ State	Zip

4.3 *REQUIRED* – the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

5.1 Is the Arizona known place of business address the same as the **street address** of the statutory agent?
☑ Yes – go to number 6 and continue
☐ No – go to number 5.2 and continue

5.2 If you answered **"No"** to number 5.1, give the **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)		AZ	
City	Country U.S.A.	State or Province	Zip

6. **DURATION** – if the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below *and* fill in the corresponding blank:

☐ The LLC's life period will end on this **date:** _____ (enter a date)

☐ The LLC's life period will end upon the occurrence of this event: (describe an event)

_____

_____

COMPLETE NUMBER 7 OR NUMBER 8 – NOT BOTH.

7. **MANAGER-MANAGED LLC** – *see Instructions L010i* – check this box ☐ if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. **MEMBER-MANAGED LLC** – *see Instructions L010i* – check this box ☑ if management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. **ORGANIZERS and SIGNATURE** – the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

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.

Organizer: ABDUL QADIR MEMON

Signature _____ Date 06/25/2015

Printed Name (if different from Organizer)

Filing Fee: $50.00 (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

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MEMBER STRUCTURE ATTACHMENT

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

2. **A.C.C. FILE NUMBER** (if known): _____
   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. **MEMBERS** – give the name and address of **all Members.** If more space is needed, use another Member Structure Attachment form.

1. ABDUL QADIR MEMON Name 2683 E MEAD PLACE Address 1 Address 2 (optional) CHANDLER / AZ / 85249 City / State or Province / Zip Country	2. Name Address 1 Address 2 (optional) City / State or Province / Zip Country
3. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	4. Name Address 1 Address 2 (optional) City / State or Province / Zip Country
5. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	6. Name Address 1 Address 2 (optional) City / State or Province / Zip Country
7. Name Address 1 Address 2 (optional) City / State or Province / Zip Country	8. Name Address 1 Address 2 (optional) City / State or Province / Zip Country

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STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

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 Article of Incorporation):

   AXXESS ESTATES L.L.C.

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:

   ABDUL QADIR MEMON

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	Printed Name	Date
	ABDUL QADIR MEMON	07/08/2015

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.

Filing Fee: none (regular processing) Expedited processing – not applicable. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100

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AZ Corp. Commission
05175063

AZ CORPORATION COMMISSION
FILED

JUL 30 2015

FILE NO. L2016247-9

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:

AXXESS ESTATES L.L.C.

2. **A.C.C. FILE NUMBER:** L20162479
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** – FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – **in a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

ABDUL QADIR MEMON Name currently shown in ACC records	
NEW Name 2683 E MEAD PLACE	Name currently shown in ACC records MUNEER AHMED MOHSIN
Address 1	NEW Name 2683 E MEAD PLACE
Address 2 (optional)	Address 1
CHANDLER / AZ / 85249 City / State or Province / Zip	Address 2 (optional) CHANDLER / AZ / 85249 City / State or Province / Zip
Country UNITED STATES	Country UNITED STATES
☐ Address change ☑ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	☐ Address change ☑ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ 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 / Zip	City / State or Province / Zip
Country ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	Country ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person** - FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – **in a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. 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 / State or Province / Zip	City / State or Province / Zip
Country	Country
☐ Address change ☐ Add as manager ☐ Name change ☐ Remove manager	☐ Address change ☐ Add as manager ☐ Name change ☐ Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE –** *see Instructions L015i* – check only one box below and follow instructions:

☐ 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 Statutory Agent Acceptance 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		State or Province	Zip
Country			

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	ABDUL QADIR MEMON	07/27/15
	Printed Name	Date (mm/dd/yy)

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

☐ This is a **manager-managed LLC** and I am signing individually as a **manager or** I am signing for an **entity manager named:**	☐ This is a **member-managed LLC** and I am signing individually as a **member or** I am signing for an **entity member named:**

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

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

AMENDMENT ATTACHMENT FOR MEMBERS

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
   AXXESS ESTATES L.L.C.

2. **A.C.C. FILE NUMBER:** L20162479
   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 Amendment ○ Articles of Amendment to Application for Registration

4. **MEMBERS CHANGE – use one block per person** - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS - **in a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, use another Amendment Attachment for Members form.

Name currently shown in ACC records: ABDUL QADIR MEMON NEW Name: 2683 E MEAD PLACE Address 1: Address 2 (optional): City: CHANDLER State or Province: AZ Zip: 85249 Country: UNITED STATES ☐ Address change ☑ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	Name currently shown in ACC records: NEW Name: MUNEER AHMED MOHSIN Address 1: 2683 E MEAD PLACE Address 2 (optional): City: CHANDLER State or Province: AZ Zip: 85249 Country: UNITED STATES ☐ Address change ☑ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member
Name currently shown in ACC records: NEW Name: Address 1: Address 2 (optional): City: State or Province: Zip: Country: ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	Name currently shown in ACC records: NEW Name: Address 1: Address 2 (optional): City: State or Province: Zip: Country: ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member

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FILE NO: L20162479

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FILE NO: L20162479

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:

AXXESS ESTATES L.L.C.

2. **A.C.C. FILE NUMBER:** L20162479
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** - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – **in a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, complete and attach the Amendment Attachment for Members form L044.

Name currently shown in ACC records: ABDUL MAJEED NEW Name: 2683 E MEAD PLACE Address 1: Address 2 (optional): CHANDLER | AZ | 85249 City | State or Province | Zip Country: UNITED STATES ☐ Address change ☑ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	Name currently shown in ACC records: NEW Name: Address 1: Address 2 (optional): City | State or Province | Zip Country: UNITED STATES ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member
Name currently shown in ACC records: NEW Name: Address 1: Address 2 (optional): City | State or Province | Zip Country: UNITED STATES ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member	Name currently shown in ACC records: NEW Name: Address 1: Address 2 (optional): City | State or Province | Zip Country: ☐ Address change ☐ Add as 20% or more member ☐ Name change ☐ Add as less than 20% member ☐ Remove member

5. ☐ **MANAGERS CHANGE (CHANGE IN MANAGERS) – Use one block per person** – FOR MANAGERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each manager being changed, and below that provide any new information for that manager (new name and/or address), then check all boxes that apply to indicate the change being made for that manager. FOR NEW MANAGERS – **In a separate block,** list the name in the NEW Name blank and give the address, and check the appropriate box. 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 / State or Province / Zip	City / State or Province / Zip
Country	Country
☐ Address change ☐ Add as manager ☐ Name change ☐ Remove manager	☐ Address change ☐ Add as manager ☐ Name change ☐ Remove manager

6. ☐ **MANAGEMENT STRUCTURE CHANGE** – *see Instructions L015i* – check only one box below and follow instructions:

☐ 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) / City / State / Zip	Address 2 (optional) / City / State / Zip

7.3 *REQUIRED* – the Statutory Agent Acceptance 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) / City / State / Zip	Address 2 (optional) / 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		State or Province	Zip
Country			

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	Printed Name	Date (mm/dd/yy)
	MUNEER AHMED MOHSIN	11/20/15

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

☐ This is a **manager-managed LLC** and I am signing individually as a **manager** or I am signing for an **entity manager named**:	☒ This is a **member-managed LLC** and I am signing individually as a **member** or I am signing for an **entity member named**:

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.