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# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2018 MAY 31 PM 3:01

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

SECRETARY OF STATE  
STATE OF IDAHOComplete and submit the application in duplicate.

1. The name of the limited liability company is:  
KAREN LYNCH INSURANCE AGENCY LLC
2. The date the certificate of organization was originally filed : May 25, 2018
3. The name of the limited liability company is amended to:  
\_\_\_\_\_
4. The complete street and mailing addresses of the principal office is amended to:  
5871 Hwy. 2, Priest River, Id. 83856  
(Street Address)  
P.O. Box 207, Priest River, Id. 83856  
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:  
P.O. Box 207, Priest River, Id. 83856  
(Address)
6. The name and address of the managers/members shall be amended as follows:
 

|  |                                  |                    |  |
|--|----------------------------------|--------------------|--|
| Add: <input checked="" type="checkbox"/> | Delete: <input type="checkbox"/> | <u>Karen Lynch</u> | <u>P.O. Box 207, Priest River, Id. 83856</u> |
|  |                                  | (Name)             | (Address)                                    |
| Add: <input type="checkbox"/>            | Delete: <input type="checkbox"/> | _____              | _____  |
|  |                                  | (Name)             | (Address)                                    |
| Add: <input type="checkbox"/>            | Delete: <input type="checkbox"/> | _____              | _____  |
|  |                                  | (Name)             | (Address)                                    |

7. Signature of a manager, member, or authorized person.

Printed Name: Karen LynchSignature: *K. Lynch*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev. 06/2016

Secretary of State use only

IDAHO SECRETARY OF STATE

05/31/2018 05:00

CK:19024238 CT:172099 BH:1646567

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