



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 JAN -5 AM 9:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
The Singing Waffle, LLC
2. The date the certificate of organization was originally filed : May 11, 2017
3. The name of the limited liability company is amended to:
No change
4. The complete street and mailing addresses of the principal office is amended to:
No change
(Street Address)

(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
No change
(Address)
6. The name and address of the managers/members shall be amended as follows:

Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Garth R Romrell</u> (Name)	<u>5395 Spirit Cove, Idaho Falls, ID 83404</u> (Address)
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>Amy V Romrell</u> (Name)	<u>5395 Spirit Cove, Idaho Falls, ID 83404</u> (Address)
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>Jacob D Taylor</u> (Name)	<u>4392 Calle Amarilla Arc, Las Cruces NM 88011</u> (Address)

** See attached*
7. Signature of a manager, member, or authorized person.

Printed Name: David M Taylor

Signature: *David M Taylor*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/2018 05:00

CK:1005 CT:350605 BH:1619624
10 30.00 = 30.00 ORGAN AMEN #2

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(Street Address)

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No change
(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>Danielle M Naylor</u> <small>(Name)</small>	<u>314 S 1325 E, Layton, UT 84040</u> <small>(Address)</small>
Add:	<input type="checkbox"/> Delete:	<input type="checkbox"/>	<u></u> <small>(Name)</small>	<u></u> <small>(Address)</small>
Add:	<input type="checkbox"/> Delete:	<input type="checkbox"/>	<u></u> <small>(Name)</small>	<u></u> <small>(Address)</small>

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

Printed Name: David M Taylor

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/05/2018 05:00

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