



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code  
Base Filing fee: \$30.00.

2017 APR 17 AM 9:38

Complete and submit the application in duplicate.

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
University City Holdings 2, LLC

2. The date the certificate of organization was originally filed : December 3, 2010

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:  
214 N Polk  
(Street Address)  
Moscow, ID 83843  
(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:  
214 N Polk, Moscow ID, 83843  
(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>Matthew Becker</u>	<u>214 N Polk, Moscow, ID 83843</u>
		<small>(Name)</small>	<small>(Address)</small>
Add: <input checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	<u>Marc Becker</u>	<u>2960 N Summit Ave, Miiwaukee, WI 53211 *address only</u>
		<small>(Name)</small>	<small>(Address)</small>
Add: <input checked="" type="checkbox"/>	Delete: <input type="checkbox"/>	<u>Caldwell Sullivan</u>	<u>2345 S Corona, Denver CO 80210 **more attached</u>
		<small>(Name)</small>	<small>(Address)</small>

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

Printed Name: Marc Becker

Signature:

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

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

Secretary of State use only  
IDAHO SECRETARY OF STATE  
**04/17/2017 05:00**  
CK:1121 CT:221947 BH:1579422  
10 30.00 = 30.00 ORGAN AMEN #2  
W 98377



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214 N Polk, Moscow ID, 83843

(Address)

6. The name and address of the managers/members shall be amended as follows:

Add:  Delete:  John Lekic 8967 Everett Circle, Broomfield, CO 80021  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

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

Printed Name: Marc Becker

Signature:

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

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

Secretary of State use only