## PILED EFFECTIVE



## AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 APR -8 PM 2: 03

SECRETARY OF STATE STATE OF IDAHO

The name of the in	mited liability company is:
	River of No Return Brewing Company, LLC
The name of the lin	mitad liability as manany is amonded to youd.
The name of the lin	mited liability company is amended to read:
	Straw Palace Enterprises, LLC
The date the certifi	icate of organization was originally filed : Nov 23, 2011
The complete stree amended to:	et and mailing addresses of the designated principal office is
	3525 Hotsprings Rd Challis, ID 83226
The mailing address	ss for future correspondence (appual reports) is amended to:
The mailing addres	ss for future correspondence (annual reports) is amended to:
	PO Box 158 Challis, ID 83226
The name and add	lress of the managers/members shall be amended as follows:
<u>Name</u>	Address Add Delete Other
Raina D'Angelo	PO Box 158 Challis, ID 83226
Doug Plass	130 Valley Cr Rd Stanley, ID 83278
***************************************	
Signature of an aut	
allot	thorized person.
SIL	thorized person.
Jure George D'Angelo	thorized person.  Secretary of State use only
ure George D'Angelo	
ure Beorge D'Angelo Name	
Jure George D'Angelo	

CK: 1354523 CT: 172099 BH: 1368465 1 0 30.00 = 30.00 ORGAN AMEN N 2

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