

254

**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 AUG -7 PM 4:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Sandy Beach C-3, LLC
2. The date the certificate of organization was originally filed : July 9, 2001
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:
11860 E Old Spanish Trail, Tucson, AZ 85730
(Street Address)

(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
PO Box 50578, Idaho Falls, ID 83405
(Address)
6. The name and address of the managers/members shall be amended as follows:
Add: ☒ Delete: ☐ Carlos Ortiz 4910 N. Vinton Road, Anthony, NM 88021
(Name) (Address)
Add: ☒ Delete: ☐ Brandon Ryan Ortiz 4910 N. Vinton Road, Anthony, NM 88021
(Name) (Address)
Add: ☐ Delete: ☐ See Attached
(Name) (Address)

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

Printed Name: Emmett O'LearySignature: Emmett O'Leary

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/08/2018 05:00

CK:19849872 CT:172099 BH:1657767

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1@ 20.00 = 20.00 EXPEDITE C #3

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(Street Address)

(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
PO Box 50578, Idaho Falls, ID 83405
(Address)
6. The name and address of the managers/members shall be amended as follows:
Add: ☐ Delete: ☒ Emmett O'Leary as Member 11850 E Old Spanish Trail, Tucson, AZ 85730
(Name) (Address)
Add: ☐ Delete: ☒ Georgina O'Leary 11850 E Old Spanish Trail, Tucson, AZ 85730
(Name) (Address)
Add: ☒ Delete: ☐ Emmett O'Leary as Manager 11850 E Old Spanish Trail, Tucson, AZ 85730
(Name) (Address)

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

Printed Name: Emmett O'LearySignature: Emmett O'Leary

Printed Name: _____

Signature: _____

Secretary of State use only