

## AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2018 SEP 25 AM 11: 34

SECRETARY OF STATE

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

Complete and submit the application in duplicate.

The nam Jakked L	e of the limited liability company is:  LC
The date	the certificate of organization was originally filed : August 30, 2018
he nam	e of the limited liability company is amended to:
The com N/A	plete street and mailing addresses of the principal office is amended to:
(Street Addre	:SS)
N/A	
	ress, if different)
(Mailing Add	ress, if different) Ing address for future correspondence (annual reports) is amended to:
(Mailing Add	
(Mailing Add	ing address for future correspondence (annual reports) is amended to:
(Mailing Add The mail 475 J St	ing address for future correspondence (annual reports) is amended to:
(Mailing Add The mail 475 J St	ing address for future correspondence (annual reports) is amended to: reet Idaho Falls, ID 83402  e and address of the managers/members shall be amended as follows:
(Mailing Add The mail 475 J St (Address) The name	ing address for future correspondence (annual reports) is amended to: reet Idaho Falls, ID 83402  e and address of the managers/members shall be amended as follows:    Katherine Robinson 475 J Street Idaho Falls, ID 83402   (Name) (Address)   Kelly Cammack 2801 Louis Ln. Pocatello Idaho 83201
(Mailing Add The mail 475 J St (Address) The nam	e and address of the managers/members shall be amended as follows:    Katherine Robinson 475 J Street Idaho Falls, ID 83402 (Name) (Address)

Signature of a manager, member, or authorized person.

Printed Name: Katherine Robinson

Signature:

Printed Name: + lus \(\frac{1}{6}\)(e(c)

Simulation & J

Rev. 06/2016

Secretary of State use only

IDAHO SECRETARY OF STATE 09/25/2018 05:00

CK: 20247986 CT: 172099 BH: 1666071 16 30.00 = 30.00 ORGAN AMEN #2

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. The name of t	the limited liability compe	Page 2 of 2  any is:		
. The date the	The date the certificate of organization was originally filed : August 30, 2018			
The name of N/A	the limited liability compa	any is amended to:		
. The complete	street and mailing addre	esses of the principal office is amended to:		
(Street Address)				
(Mailing Address, if	different)			
(Address)	Idaho Falls, ID 83402	ore/mambara shall be amanded as follows:		
	d address of the manage Anthony Elizondo	ers/members shall be amended as follows:  954 E Countryside Lane Idaho Falls, Idaho 83404		
Add: 🛛 Delete: 🗍	(Name)	(Address)		
Add: 🛛 Delete: 🗌	Nancy Elizondo	954 E Countryside Lane Idaho Falls, Idaho 83404		
Add: Delete: D	(Name)	(Address)		
<del>-</del>	manager, member, or aut	thorized person. Secretary of State use only		
Printed Name: Kathe	erine Robinson			
signature: /k	ti KM			
rinted Name:				
Signature:				
J				