



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 FEB 10 AM 9:11

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

NO EXCUSES NUTRITION LLC

2. The name of the limited liability company is amended to read:

3. The date the certificate of organization was originally filed : 5/30/2013

4. The complete street and mailing addresses of the designated principal office is amended to:

729 W MARIAH AVENUE, NAMPA, ID 83686

5. The mailing address for future correspondence (annual reports) is amended to:

729 W MARIAH AVENUE, NAMPA, ID, 83686

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

Name	Address	Add	Delete	Other
SARAH WILKINS	729 W MARIAH AVENUE, NAMPA	<input type="checkbox"/>	<input type="checkbox"/>	NAME CHANGE
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

7. Signature of an authorized person.

Sarah E. Wilkins

Signature

SARAH E WILKINS

Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
02/10/2014 05:00
CK: 1112 CT: 283718 BH: 1489981
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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