



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12 JAN 20 AM 9:20

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Teton Tots 2 Tweens, LLC

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

3. The date the certificate of organization was originally filed : 9/13/10

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

655 Valley Center Drive, Driggs, ID 83422

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

655 Valley Center Driggs, ID 83422

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

Name	Address	Add	Delete	Other
Brett Wright	PO Box 1687	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
✓ Barbara Wright	PO Box 1687	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ Rachel Burnside	655 Valley Center Drive, ID 83422	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Signature of an authorized person.

Brett Wright

Signature

Brett Wright

Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
01/20/2012 05:00
CK: 1173 CT: 261011 BH: 1306905
1 @ 30.00 = 30.00 ORGAN AMEN # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W96315

ATTACHMENT



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<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
✓ Zachary Wright	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
✓ Adam Wright	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
✓ Michael Smedley	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

7. Signature of an authorized person.

Brett Wright
Signature

Brett Wright
Typed Name

Signature

Typed Name

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<u>Name</u>	<u>Address</u>	<u>Add</u>	<u>Delete</u>	<u>Other</u>
✓ Jessica Smedley	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
✓ Mickel Wright	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
✓ Samuel Wright	PO Box 1687 Idaho Falls, ID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

7. Signature of an authorized person.

Brett Wright

Signature

Brett Wright

Typed Name

Signature

Typed Name

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