

## AMENDMENT TO FILED EFFECTIVE CERTIFICATE OF ORGANIZATION 12 JAM 20 AM 9: 20 LIMITED LIABILITY COMPANY

SECRETARY OF STATE

	(Instri	uctions on back of application)	STATE OF IDAHO
1.	The name of the lim	ited liability company is:	
		Teton Tots 2 Tweens, L	ıc
2.	The name of the lim	ited liability company is amended t	o read:
3.	The date the certific	ate of organization was originally fi	led: 9/13/10
4.	The complete stree amended to:	t and mailing addresses of the desi	ignated principal office is
		655 Valley Center Drive, Driggs	, ID 83422
5.	The mailing address	s for future correspondence (annua	
		655 Valley Center Driggs, ID	83422
6.	<u>Name</u>	ess of the managers/members sha <u>Address</u>	Il be amended as follows:  Add Delete Other
	Brott Wright	- <del>PO Box 1887.</del>	
	✓ Barbara Wright	PO Box 1687	
	✓ Rachel Burnside	655 Valley Center Drive, ID 83422	
7.	Signature of an auth Med Whylinature VIH Whight	orized person.	
Type	ed Name		Secretary of State use only
	nature ad Nama		IDAHO SECRETARY OF STATE  01/20/2012 05:00  CK: 1173 CT: 261011 BH: 1386985  1
гур	ed Name		1 0 20.00 = 20.00 EXPEDITE C # 3



Typed Name

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	Teton Tots 2 Tweens, L	LC		
The name of the lim	ited liability company is amended t	o read:		
The date the certific	ate of organization was originally fi	led :		
The complete stree amended to:	t and mailing addresses of the des	ignated pri	ncipal offic	e is
The mailing address	s for future correspondence (annua	ıl reports) is	amended	to:
The name and addr	ess of the managers/members sha Address	ill be ameno <u>Add</u>	ded as folio <u>Delete</u>	ows: Other
<u>Name</u>	<u> Āddress</u>		<u>Delete</u>	
<u>Name</u> ✓Zachary Wright	Address PO Box 1687 Idaho Falls, ID		Delete	
Name  Zachary Wright  Adam Wright  Michael Smedley  Signature of an auth	Address  PO Box 1687 Idaho Falls, ID  PO Box 1687 Idaho Falls, ID  PO Box 1687 Idaho Falls, ID  orized person.		Delete	Other
Name  ✓ Zachary Wright  ✓ Adam Wright  ✓ Michael Smedley  Signature of an auth	Address  PO Box 1687 Idaho Falls, ID  PO Box 1687 Idaho Falls, ID  PO Box 1687 Idaho Falls, ID  orized person.	Add _	Delete	Other



## **AMENDMENT TO** CERTIFICATE OF ORGANIZATION JAN 20 AM 9: 20 LIMITED LIABILITY COMPANY SECRETARY OF STATE

(Instructions on back of application)

The name of the limited liability company is:

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	Teton Tots 2 Tweens, I	LLC		
The name of the lim	ited liability company is amended	to read:		
	ate of organization was originally t	filed :		
The complete stree	t and mailing addresses of the des	signated pri	ncipal offic	e is
The mailing address	s for future correspondence (annu	al reports) is	amended	I to:
rne maning address	·			
	· · · · · · · · · · · · · · · · · · ·			
	ess of the managers/members sha Address	all be amen	ded as foll	ows: Other
Γhe name and addr <u>Name</u>				
The name and addr	<u>Address</u>		<u>Delete</u>	