



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

2017 AUG 31 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

Page 1 of 2

1. The name of the limited liability company is:
GMHC, LLC

2. The date the certificate of organization was originally filed : 19 January 2017

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

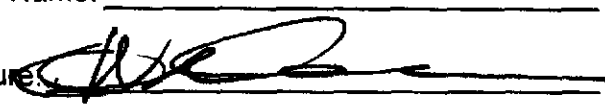
4. The complete street and mailing addresses of the principal office is amended to:
(Street Address)

(Mailing Address, if different)

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

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

Add:	<input checked="" type="checkbox"/> Delete:	<input type="checkbox"/>	Nancy Ann Cavens Revocat	564 W 300 N #2, Provo, UT 84601
			(Name)	(Address)
Add:	<input checked="" type="checkbox"/> Delete:	<input type="checkbox"/>	BNPH, LLC	3738 S Basilica Way, Meridian, ID 83642
			(Name)	(Address)
Add:	<input checked="" type="checkbox"/> Delete:	<input type="checkbox"/>	GM4 Business, LLC	3061 S Meridian Rd. Ste. 150, Meridian ID 83642
			(Name)	(Address)

7. Signature of a manager, member, or authorized person.
 Printed Name: Gary W Walker
 Signature: 
 Printed Name: _____
 Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2017 05:00

CK:1536 CT:329109 BH:1600719
10 30.00 = 30.00 ORGAN AMEN #2

W177192



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(Mailing Address, if different)

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

(Address)

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

Add: ☐ Delete: ☒ Michael L Fife 7945 S Saddle Bag Way, Nampa, ID 83687
(Name) (Address)

Add: ☐ Delete: ☒ Logan Patten 6205 Deer Flat Road, Nampa, ID 83686
(Name) (Address)

Add: ☐ Delete: ☐
(Name) (Address)

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

Printed Name: Gary W Walker

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

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