



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

2016 SEP 12 AM 10:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
SUTTON BROTHERS LLC
2. The date the certificate of organization was originally filed : OCTOBER 30, 2015
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 type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>SHANE SUTTON</u>	<u>9507 S HEISE RD REXBURG, ID 83440</u>
				(Name)	(Address)
Add:	<input checked="" type="checkbox"/>	Delete:	<input type="checkbox"/>	<u>R & S SUTTON FARMS LLC</u>	<u>9507 S HEISE RD REXBURG, ID 83440</u>
				(Name)	(Address)
Add:	<input type="checkbox"/>	Delete:	<input checked="" type="checkbox"/>	<u>RICK SUTTON</u>	<u>938 W 8200 S REXBURG, ID 83440</u>
				(Name)	(Address)

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

Printed Name: SHANE SUTTON

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/12/2016 05:00

CK:580 CT:328886 BH:1545762

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W157965



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(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: ☒ Delete: ☐ RICK SUTTON FARMS LLC 938 W 8200 S REXBURG, ID 83440
(Name) (Address)

Add: ☐ Delete: ☒ JOSHUA SUTTON 1940 W 7600 S REXBURG, ID 83440
(Name) (Address)

Add: ☒ Delete: ☐ JOSH SUTTON FARMS LLC 1940 W 7600 S REXBURG, ID 83440
(Name) (Address)

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

Printed Name: SHANE SUTTON

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

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