


FILED EFFECTIVE

Complete and submit the application in duplicate.

2016 AUG -1 PM 2:15

SECRETARY OF STATE
STATE OF IDAHO

- | | |
|---|---|
| 1. | The name of the limited liability company is:
Bobbi Bullock LLC |
| <hr/> | |
| 2. | The date the certificate of organization was originally filed : 7-11-2016 |
| <hr/> | |
| 3. | The name of the limited liability company is amended to:
Bobbi Bullock Medical Esthetics LLC |
| <hr/> | |
| 4. | The complete street and mailing addresses of the principal office is amended to:
1418 N 24th St Boise, Id 83702
<small>(Street Address)</small> |
| <hr/> | |
| | <small>(Mailing Address, if different)</small> |
| <hr/> | |
| 5. | The mailing address for future correspondence (annual reports) is amended to:
1418 N 24th St Boise, Id 83702
<small>(Address)</small> |
| <hr/> | |
| 6. | The name and address of the managers/members shall be amended as follows: |
| Add: <input type="checkbox"/> Delete: <input checked="" type="checkbox"/> | Bobbi Bullock 1211 N. 15th St Boise, Id 83702
<small>(Name) (Address)</small> |
| <hr/> | |
| Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> | Bobbi Bullock 1418 N 24th St Boise ID 83702
<small>(Name) (Address)</small> |
| <hr/> | |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | _____
<small>(Name) (Address)</small> |
| <hr/> | |
| 7. | Signature of a manager, member, or authorized person. |
| Printed Name: | Bobbi Bullock |
| Signature: |  |
| Printed Name: | _____ |
| Signature: | _____ |

	<p><small>Secretary of State use only</small></p> <p>IDAHO SECRETARY OF STATE</p> <p>08/01/2016 05:00</p> <p>CK:2091 CT:326622 BH:1539929</p> <p>1@ 30.00 = 30.00 ORGAN AMEN #2</p> <p style="font-size: large;"><i>W169004</i></p>
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IDAHO SECRETARY OF STATE

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