

Printed Name:

Signature:\_ Rev. 06/2016

## **AMENDMENT TO CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2017 SEP 25 PM 2: 58

SECRETARY OF STATE STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

|                                |  |                        | - ** ********************************** |
|--------------------------------|--|------------------------|---|
| The name of t                  | he limited liability compan            | y is:                  |   |
| BST Services                   | Group, LLC                             |                        |   |
| The date the                   |  |                        | 3-20-2017                               |
| ine date the d                 | certificate of organization v          | was originally filed : |   |
| The name of t                  | he limited liability compan            | y is amended to:       |   |
|                                |  |                        |   |
| i ne complete                  | street and mailing addres              | ises of the principal  | Office is amended to:                   |
| (Street Address)               |  |                        | ,                                       |
| (Mailing Address, if o         | different)                             |                        | <u> </u>                                |
|                                | ···· · · · · · · · · · · · · · · · · · |                        |   |
| The mailing a                  | ddress for future correspo             | ndence (annual ren     | orts) is amended to:                    |
| -                              | ·                                      | •                      | ,                                       |
|                                | llman 4987 W. Clear Field              | St. Eagle, ID. 8361    | 6                                       |
| (Address)                      |  |                        |   |
| The name and                   | d address of the manager               | s/members shall be     | amended as follows:                     |
| .dd: 🗌 Delete: 🛛               | Brett Shane Blodgett                   |                        | Field St. Eagle, ID 83616               |
|                                | (Name)                                 | (Address)              |   |
|                                |  |                        |   |
| Add: Delete: D                 | (Name)                                 | (Address)              |   |
|                                |  |                        |   |
| .dd: Delete: D                 | (Name)                                 | (Address)              |   |
|                                |  |                        |   |
| Signature of a                 | manager, member, or auth               | orized nerson ——       |   |
| •                              | •                                      | S. LOG POIOOII.        | Secretary of State use only             |
| ted Name: Brett Shane Blodgett |  |                        | IDAHO SECRETARY OF STATE                |

09/25/2017 05:00

CK:14765962 CT:172099 BH:1604445 16 30.00 = 30.00 DRGAN AMEN #2

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