



# 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**

2018 SEP -6 AM 8:21

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
Skye Reynolds Consulting, LLC
2. The date the certificate of organization was originally filed : February 27, 2017
3. The name of the limited liability company is amended to:  
Skye HR Consulting, LLC
4. The complete street and mailing addresses of the principal office is amended to:  
3825 N. Ramsey Rd. #207, Coeur d'Alene, Idaho 83815  
(Street Address)  
  
(Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:  
3825 N. Ramsey Rd. #207, Coeur d'Alene, Idaho 83815  
(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>Skye Reynolds</u> | <u>3949 W. Loxton Loop, Coeur d'Alene, ID 83815</u>     |
|      |                                     |         |                                     | (Name)               | (Address)   |
| Add: | <input checked="" type="checkbox"/> | Delete: | <input type="checkbox"/>            | <u>Skye Mercer</u>   | <u>3825 N. Ramsey Rd. #207, Coeur d'Alene, ID 83815</u> |
|      |                                     |         |                                     | (Name)               | (Address)   |
| Add: | <input type="checkbox"/>            | Delete: | <input type="checkbox"/>            | <u></u>              | <u></u>   |
|      |                                     |         |                                     | (Name)               | (Address)   |

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

Printed Name: Skye Mercer

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

09/06/2018 05:00

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