



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 20 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TOM MILLER ROOFING LLC

If the LLC has been administratively dissolved and the name is no longer available for use, #3 below must include an amendment of name.

2. The date the articles of organization were filed was:

MAY 25 2007

COMPLETE ONLY THE APPLICABLE ITEMS

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

SAME AS ABOVE

4. The management of the limited liability company shall henceforth be vested in:

☐ Manager(s) ☒ Members

5. The information on the managers/members shall be amended as follows:

| Name | Address | Add | Delete | Other |
|---------------------|---|-------------------------------------|--------------------------|-------------|
| <u>TOM MILLER</u> | <u>10204 BALDY MTN RD SANDPONT</u> <u>ID 83864</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>SAME</u> |
| <u>SUEAN MILLER</u> | <u>10204 BALDY MTN RD SANDPONT</u> <u>ID 83864</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <u>TYLER MILLER</u> | <u>538B LUPINE ST POWERS</u> <u>ID 83852</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

6. Signature of at least one manager, if any, or at least one member.

Signature: [Signature]

Typed Name: TOM MILLER

Capacity: OWNER / MEMBER

Signature: _____

Typed Name: _____

Capacity: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/20/2008 05:00
CK: 7019 CT: 91710 BH: 1132321
1 @ 30.00 = 30.00 ORGAN AMEN # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

c:\compforms\llcforms\amend domestic llc.pmd
Revised 08/2004

W63084