

FILED EFFECTIVE

2018 JUN 21 09:00:00

SECRETARY OF STATE
STATE OF IDAHO

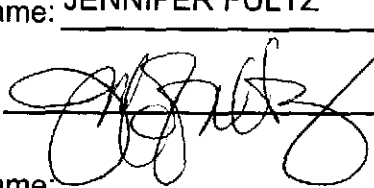
Complete and submit the application in duplicate.

- | | |
|----|---|
| 1. | The name of the limited liability company is:
<u>ALLEGIANT SL LLC</u> |
| 2. | The date the certificate of organization was originally filed : <u>01/02/2018</u> |
| 3. | The name of the limited liability company is amended to:
<u>ALLEGIANT SL LLC</u> |
| 4. | The complete street and mailing addresses of the principal office is amended to:
<u>2723 E MARYLAND AVE NAMPA ID 83686</u>
<small>(Street Address)</small>

<small>(Mailing Address, if different)</small> |
| 5. | The mailing address for future correspondence (annual reports) is amended to:
<u>2723 E MARYLAND AVE NAMPA ID 83686</u>
<small>(Address)</small> |
| 6. | The name and address of the managers/members shall be amended as follows:

Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> <u>DEREK MERTZ</u> <u>18324 BUCKEYE PL NAMPA ID 83687</u>
<small>(Name) (Address)</small>

Add: <input checked="" type="checkbox"/> Delete: <input type="checkbox"/> <u>BRANDEN SMALLEY</u> <u>1150 SILVER CREEK WY TWIN FALLS ID 83301</u>
<small>(Name) (Address)</small>

Add: <input type="checkbox"/> Delete: <input type="checkbox"/> _____
<small>(Name) (Address)</small> |
| 7. | Signature of a manager, member, or authorized person.
Printed Name: <u>JENNIFER FULTZ</u>
Signature: <u></u>
Printed Name: _____
Signature: _____ |

Secretary of State use only

IDAHO SECRETARY OF STATE

06/21/2018 05:00

CK:7678 CT:141801 BH:1650008

1@ 30.00 = 30.00 ORGAN AMEN #2

W194159

Rev. 06/2016