

Rev. 06/2016

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 SEP -6 AM 11: 11

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 <u>duplicate</u>.

| 1. | The name of the limited liability company is: Keuls Hister Family Destist | ry LLC | |
|---|---|---|--|
| 2. | The date the certificate of organization was originally filed: 5/1/2005 | | |
| 3. | The name of the limited liability company is amended to: Kevin Hint DDS Family Dentitry LLC | | |
| 4. | The complete street and mailing addresses of the principal office is amended to: 1206 N. IOAHO SASTE A (Street Address) Post Falls ID 83859 (Mailing Address, if different) | | |
| 5. | The mailing address for future correspondence (annual reports) is amended to: Same As A Bove (Address) | | |
| 6. | The name and address of the managers/members shall be amended as follows: | | |
| Add | : Delete: Richell Hint 2308 5. (Name) (Address) | Mendonview RD Grenders WA 99016 | |
| | l: Delete: (Name) (Address) l: Delete: (Name) (Address) | IDAHO SECRETARY OF STATE 09/07/2016 05:00 CK:4182660 CT:172099 BH:1545118 1@ 20.00 = 20.00 CORP SUR #2 | |
| 7. | Signature of a manager, member, or authorized person. | Secretary of State use only | |
| Printed Name: Keul Hint DU IDAHO SECRETARY OF STATE | | | |
| Signature: Kemin Obs (Member) | | 09/06/2016 05:00 CK:9502 CT:328707 BH:1545117 10 30.00 = 30.00 ORGAN AMEN #2 | |
| Printed Name: | | W39414 | |
| Signa | ture: | | |