254	
CERTIFICATE C	DMENT TO FILED EFFECTIVE DF ORGANIZATION014 OCT -6 AM 9:08 BILITY COMPANY SECRETARY OF STATE
(Instructions on ba	ck of application)
1. The name of the limited liability company is: 	
2. The name of the limited liability company is amended to read:	
- Ameo	BridgelLLC
3. The date the certificate of organization was originally filed: <u>November 3, 2011</u>	
4. The complete street and mailing addresses of the designated principal office is amended to:	
1520 Northwest Blud Coever d'Alere, Id 83814	
5. The mailing address for future correspondence (annual reports) is amended to:	
	5503 East Shoreline Dr. Poot Falls
	agers/members shall be amended as follows: <u>Address Add Delete Other</u>
Midty Cerzello 5503 E Post Fo	Shorel: ne Dr D Stays the same
7. Signature of an authorized person.	
Sighature	
Typed Name Signature	Segretaricol Sinterseanty OF STATE 10/06/2014 05:00 CK:1087 CT:263850 BH:1444034 16 30.00 = 30.00 DRGAN AMEN #2
Typed Name	W108040

amend_domestic_LLC.pmd_Rev.07/2010