

Rev. 06/2016

AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$30.00.

Complete and submit the application in <u>duplicate</u>.

2017 JUN 13 PM 2: 18

SECRETARY OF STATE STATE OF IDAHO

				STATE OF IDAHO	
1.	The name of t	he limited liability com LC	pany is:		
2.	The date the certificate of organization was originally filed : July 5,2016				
3.	The name of the limited liability company is amended to:				
4.	The complete street and mailing addresses of the principal office is amended to: 1609 West State Street Boise Idaho 83702				
	(Street Address)				
	(Mailing Address, if different)				
5.	The mailing address for future correspondence (annual reports) is amended to: 1609 West State Street Boise Idaho 83702				
	(Address)				
6.	The name and	d address of the mana	gers/members sha	ll be amended as follows:	
Add:	☑ Delete: ☐	Amber Coats	1609 Wes	State Street Boise Idaho 83702	
		(Name)	(Address)		
Add:	Delete:	(Name)	(Address)		
		(Markey)	to second comment		
Add:	: Delete: D	(Name)	(Address)		
7.	Signature of a	manager, member, or a	uthorized person.	Secretary of State use only	
Printed Name:				1DAHO SECRETARY OF STATE 06/13/2017 05:00	
Signat	ure: <u>Jun</u>	y miles		CK:13611210 CT:172099 BH:1588687 16 30.00 = 30.00 ORGAN AMEN #3	
Printed Name: Amber Coats W158317					
Signat	ure: () (ext.			



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2017 JUL 13 AM 10: 02

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is: Crave Salon, LLC				
2.	The date the certificate of organization was originally filed : 11/9/2015				
3.	The name of the limited liability company is amended to:				
4.	The complete street and mailing addresses of the principal office is amended to:				
	(Street Address)				
	(Mailing Address, if different)				
5.	The mailing address for future correspondence (annual reports) is amended to:				
	(Address)				
6.	The name and address of the managers/members shall be amended as follows:				
Add	1: Delete: Chan'tell Baldwin 1609 W State St Boise ID 83702 (Name) (Address)				
Ado	d: Delete: (Name) (Address)				
Add	d: Delete: (Name) (Address)				
7.	Signature of a manager, member, or authorized person.				
Printe	ed Name: Chan'tell Baldwin				
Signa	ture: Chantell Baldwin CK: 1273 CT: 342542 BH: 1593327				
Printe	ed Name:				
Signa	uture: W158317				