

FILED EFFECTIVE



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 JUN 26 AM 8:45

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Pain Metabolic Wellness Center, PLLC.

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

Family and Functional Medicine of Idaho, PLLC.

3. The date the certificate of organization was originally filed : June 08, 2011

4. The complete street and mailing addresses of the designated principal office is amended to:

450 W. State Street, Suite 250, Eagle, Idaho 83616

5. The mailing address for future correspondence (annual reports) is amended to:

450 W. State Street, Suite 250, Eagle, Idaho 83616

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Signature of an authorized person.

[Handwritten Signature]

Signature

Typed Name

Signature

Typed Name

Secretary of State use only

IDAHO SECRETARY OF STATE
06/26/2013 05:00
CK: 1042 CT: 284730 BH: 1379739
1 @ 30.00 = 30.00 ORGAN AMEN # 2

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