

## **AMENDMENT TO** CERTIFICATE OF ORGANIZATION AM 9: 33 LIMITED LIABILITY COMPANY SECRETARY OF STATE STATE OF IDAHO

(instr	uctions on back of application)	Call street	ne man n +O	
The name of the lin	nited liability company is:			
	Secure Management Ser	vices, LLC		
The name of the lin	nited liability company is amende	ed to read:		
The date the certific	cate of organization was original	ly filed :	Nov 30th 2	010
The complete stree amended to:	et and mailing addresses of the o	lesignated	d principal of	īce is
The mailing addres	ss for future correspondence (an	nual repor	ts) is amende	ed to:
The name and add Name	ress of the managers/members <u>Address</u>	shall be ar <u>Ac</u>		
Laren Walker	P.O. Box 1369 Eagle ID 83616	[		
Trevin Rasmussen	P.O. Box 1369 Eagle ID 83616	[		
Tyler Honn	408 W Valentino Meridian ID 83	3646 <b>•</b>		
Signature of an aut gnature Ded Name			04/06/20 118 CT:259	e use only TARY OF STATE 115 05:00 5582 BH:1469
ped Name			was	,257
DAG MA <b>CO</b>				

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