

## 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 duplicate.

2015 SEP 24 PM 2: 34 SECRETARY OF STATE STATE OF IDAHO

| 1.                   | The name of the limited liability company is: Quail Park Apartments LLC   |   |                                   |  |
|----------------------|---|---|-----------------------------------|--|
| 2.                   | The date the certificate of organization was originally filed : February 2, 2006                                    |   |                                   |  |
| 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: 817 W. Franklin St Boise, ID 83702 |   |                                   |  |
|                      | (Street Address)  |   |                                   |  |
|                      | (Mailing Address, if different)   |   |                                   |  |
| 5.                   | The mailing address for future correspondence (annual reports) is amended to: 817 W. Franklin St Boise, ID 83702    |   |                                   |  |
|                      | (Address)   |   |                                   |  |
| 6.                   | The name and address of the managers/members shall be amended as follows:   |   |                                   |  |
| ۸۵۵                  | d: 🗌 Delete: 🔀  | Rental Housing, Inc 817 W. Franklin St Boise ID 83702 |                                   |  |
| Aud                  |   | (Name)  | (Address)                         |  |
| hhA                  | dd: 🔀 Delete: 🗌   | Rental Housing, LLC                                   | 817 W. Franklin St Boise ID 83702 |  |
| 7100                 | . Es Doloio.  | (Name)  | (Address)                         |  |
| Add                  | : Delete: D   | (Name)  | (Address)                         |  |
| 7.                   | Signature of a  | manager member or auth                                | orizad nareon                     |  |
| Secretary 1/         |   |   |                                   | Secretary of State use only  |
| Signature: 4 April 1 |   |   |                                   | IDAHO SECRETARY OF STATE<br>09/24/2015 05:00<br>CK:2352 CT:314962 BH:1493661<br>10 30.00 = 30.00 ORGAN AMEN #2 |
| Printe               | d Name:   |   |                                   |  |
| Signature:           |   |   |                                   | W47124   |