

## AMENDIVIEW 1.0 CERTIFICATE OF ORGANIZATION STATE OF IDAHO STATE OF IDAHO

	(Instructions on back of applicatio	ก)			<u> </u>
1.	The name of the limited liability company is:				
	FAMILY TIES KITCHEN	5	LLC		
2.	The name of the limited liability company is amer	nded	to read:		
3.	The date the certificate of organization was origin	nally f	iled : <u>10</u> -	24-0	
4.	The complete street and mailing addresses of the designated principal office is amended to:				
	16589 WAGNED RD CI	460	WEU	108	3607
5.	The mailing address for future correspondence (a	annua	al reports) i	s amended	d to:
6.	The name and address of the managers/member  Name Address	rs sha	all be amen Add	ded as foll <u>Delete</u>	ows: <u>Other</u>
	· ·		_ 🗆		
	AMBER WITH 16591 WHAS CALDWE O Signature of an authorized person.	2_			
7. Signature of an authorized person.  Signature  Signature					
	SHAWN LEE		Secr	etary of State u	ise only
Signa	ature			-	
Туре	d Name		CK: 8	/01/20 43280 CT: 1	TARY OF STATE 011 05 = 00 72099 BH: 1299899 .00 ORGAN AMEN # 2

amend\_domestic\_LLC.pmd\_Rev.07/2010

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