

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATE LIMITED LIABILITY COMPA

SECRETARY OF OF OF OAKIATE

	(Instruc	ctions on back of application)		JONE.
1.	The name of the limite	d liability company is:		
		essional Advantage	LLC	
	if the i longer ava	LLC has been administratively dissolved and allable for use, #3 below must include an arr	the name is no mendment of name.	
2.	The date the articles of	f organization were filed was:	Dec on 700	Mor 29,200
	COMPLETE ONLY T	HE APPLICABLE ITEMS		
3.	•	d liability company is amended to re		
	Krotession	ral Advantage LL	<u> </u>	<u> </u>
4.	The management of th	ne limited liability company shall hen Manager(s) Member		•
5.	The information on the managers/members shall be amended as follows:			
		•	*	
	Name	Address	Add Delete	<u>Other</u>
7		•	Add Delete	Other
7		Address 400 W Sunnyside Road Idaho Falls, 10 83402		Other
7	Theresa M Wheeler	1daho Falls, 10 83402 400 W Sunnyside Road		Other
t je og mag	Theresa M Wheeler	1 400 W Sunnyside Road Idaho Falls, 10 83402		Other
e je oganig	Theresa M Wheeler	1daho Falls, 10 83402 400 W Sunnyside Road		Other
6. _C	Theresa M Wheeler Leon Stenkins	1daho Falls, 10 83402 400 W Sunnyside Road		Other
6. Signat	Signature of at least on	400 W Sunnyside Road Idaho Falls, 10 83402 400 W Sunnyside Road Idaho Falls, 10 83402		
6. Signat	Signature of at least on Name: Theresa M W	400 W Sunnyside Road Idaho Falls, 10 83402 400 W Sunnyside Road Idaho Falls, 10 83402	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
6. Signat Typed Capac	Signature of at least on Name: Theresa M Whity: member ure: Line African Afric	400 W Sunnyside Road Idaho Falls, 10 83402 400 W Sunnyside Road Idaho Falls, 10 83402 ne manager, if any, or at least one m Leeler These processor of the second of th	IX	
6. Signat Typed Capac	Signature of at least on Name: Theresa M Wheeler Name: Theresa M Whity: Member ure: Lion S. Jer Name: Leon S. Jer	400 W Sunnyside Road Idaho Falls, 10 83402 400 W Sunnyside Road Idaho Falls, 10 83402	IX	e only