

AMENDMENT TO FILED EFFECTIVE CERTIFICATE OF ORGANIZATIOMIS JUL -6 AM 10: 30 LIMITED LIABILITY COMPANY SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

| 1. | The name of the lin | nited liability company is: | | | |
|------|---|--|-----------------------|------------------------------|---|
| | | Stuffed Square, LLC | | | |
| 2. | The name of the lin | nited liability company is amended to | read: | | |
| 3. | The date the certific | cate of organization was originally filed :May 4th, 2015 | | | |
| ١. | The complete street and mailing addresses of the designated principal office is amended to: | | | | |
| 5. | The mailing addres | ss for future correspondence (annual | reports) is | s amended | d to: |
| | The name and add <u>Name</u> | ress of the managers/members shall <u>Address</u> | be amen <u>Add</u> | ded as foll <u>Delete</u> | lows: Other |
| | Cadey Wright | 1869 East 200 North Rexburg, ID | | | · |
| | Sierra Wright | 1869 East 200 North Rexburg, ID | V | | |
| | Trevor Cronin | 1869 East 200 North Rexburg, ID | | | |
| Sign | Signature of an aut | horized person. | | | |
| | ature) V Tammy Wrìght ed Name | | 1DA 07 CK:104 | /06/20: | use only ARY OF STATE 15 05:00 62 BH:1482594 |

amend_domestic_LLC.pmd_Rev.07/2010