



0004928405

**STATE OF IDAHO***Office of the secretary of state, Lawerence Denney***AMENDMENT TO CERTIFICATE OF
ORGANIZATION OF LIMITED LIABILITY COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0004928405

Date Filed: 9/30/2022 9:07:43 AM

| Amendment to Certificate of Organization of Limited Liability Company | | | | | | | | | | | |
|---|---------|---|------|-------|---------|---|--------|---|---|---------|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$30) | | | | | | | | | |
| The current name of the limited liability company is: | | KALILEI VACATIONS LLC | | | | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | 0000527914 | | | | | | | | | |
| Entity Type: | | Limited Liability Company | | | | | | | | | |
| Entity Subtype: | | Limited Liability Company | | | | | | | | | |
| The date the certificate of organization was originally filed: | | 2016-11-17 12:00:00.000 | | | | | | | | | |
| Limited Liability Company Name | | | | | | | | | | | |
| Entity name | | Fun Park Go LLC | | | | | | | | | |
| 2. The complete street address of the principal office is amended to: | | | | | | | | | | | |
| Principal Office Address | | 2002 JENNIE LEE DR IDAHO FALLS, ID 83404 | | | | | | | | | |
| 3. The mailing address of the principal office is amended to: | | | | | | | | | | | |
| Mailing Address | | 1801 JENNIE LEE DR APT 104 IDAHO FALLS, ID 83404-6101 | | | | | | | | | |
| 4. Managers and Members | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Alan Eskelsen</td> <td>Member</td> <td>4392 BOONER STREET IDAHO FALLS, ID 83404</td> </tr> <tr> <td><input checked="" type="checkbox"/> Alan Eskelsen</td> <td>Manager</td> <td>1801 JENNIE LEE DRIVE #104 IDAHO FALLS, ID 83404</td> </tr> </tbody> </table> | | | Name | Title | Address | <input checked="" type="checkbox"/> Alan Eskelsen | Member | 4392 BOONER STREET IDAHO FALLS, ID 83404 | <input checked="" type="checkbox"/> Alan Eskelsen | Manager | 1801 JENNIE LEE DRIVE #104 IDAHO FALLS, ID 83404 |
| Name | Title | Address | | | | | | | | | |
| <input checked="" type="checkbox"/> Alan Eskelsen | Member | 4392 BOONER STREET IDAHO FALLS, ID 83404 | | | | | | | | | |
| <input checked="" type="checkbox"/> Alan Eskelsen | Manager | 1801 JENNIE LEE DRIVE #104 IDAHO FALLS, ID 83404 | | | | | | | | | |
| Signature of Authorized Person: | | | | | | | | | | | |
| <i>Alan Eskelsen</i> | | 09/30/2022 | | | | | | | | | |
| Sign Here | | Date | | | | | | | | | |