2<u>54</u>



12083527086

## **AMENDMENT TO**

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY	2015 JAN -2 PM 3:
(Instructions on back of application)	SECHETARY OF STA STATE OF IDAHO
The name of the limited liability company is:	12/410
Erin Sweeney LM (LC	
The name of the limited liability company is amended to read:	
Alpenglow Midwifery LLC	
The date the certificate of organization was originally filed:	7/29/14
The complete street and mailing addresses of the designated print amended to:	cipal office is
418 N. River St., Hailey:	ID 83333
The mailing address for future correspondence (annual reports) is	
· · · · · · · · · · · · · · · · · · ·	
418 N River St. Hailey ID	درده و
The name and address of the managers/members shall be amend Name Address Add  ——————————————————————————————————	led as follows:  Delete Other
Signature of an authorized person.	
ignature	
Erin Sweeney Source	tary of State use only
yped Name 0	
ignature	
)p==:==================================	TO SECRETARY OF STATE /02/2015 05:00
	6 CT:172099 BH:1

356 1@ 30.00 = 30.00 ORGAN AMEN #2

W142700