

## **AMENDMENT TO** CERTIFICATE OF ORGANIZATIONUL -2 AM 10: 50 CERTIFICATE OF UNCOMPANY LIMITED LIABILITY COMPANY SEGRETARY OF STATE STATE OF IDANO

	Com	plete and submit the applica	rtion in <u>duplicate</u> .		
1.	The name of the limited liability company is: ADAMS SUN RIVER, LLC				
2.	The date the	e date the certificate of organization was originally filed : November 12, 2008			
3.	The name of the limited liability company is amended to:  Not Applicable				
4.	The complete street and mailing addresses of the principal office is amended to: 490 Memorial Drive, Suite 200, Idaho Falls, Idaho 83402				
	(Street Address) P. O. Box 51630, Idaho Falls, Idaho 83405-1630 (Meling Address, if different)				
5.	The mailing address for future correspondence (annual reports) is amended to: P.O. Box 51630, Idaho Falls, Idaho 83405-1630				
	(Address)				
6.	The name an	d address of the manage	ers/members shall b	e amended as follows:	
Add	i: 🔲 Delete: 🔯	Lindy L. Romrell		5033 Long Cove Drive, Idaho Falls, ID 83404	
7-944	(Name)		(Address)		
Add	Add: Delete: Delete: Jody M. Stanger 5441 Long Cove Drive,		ove Drive, Idaho Falls, ID 83404		
Add	i: 🛛 Delete: 🗌	Paul Adams	4295 W. Gree (Address)	nspìre Drive, Meridian, ID 83646	
7.	Cionaban of a	,,	, .		
		manager, member, or aut	nonzea person.	Secretary of State use only	
	d Name: Paul				
Signa	ture: <u>P</u> a	me (Xoan	<u> </u>		
Printed Name: Faul Adams				IDAHO SECRETARY OF STATE  07/02/2018 05:00  CK:16767 CT:2034 BH:1651570  16 30.00 = 30.00 DRGAN AMEN #2	
Signature:			<del></del> -	16 20.00 = 20.00 EXPEDITE C #3	
				W79147	