

Complete and submit the application in duplicate.

FILED EFFECTIVE
2017 JAN 31 AM 9:18
SECRETARY OF STATE
STATE OF IDAHO

- | | | |
|----|--|--|
| 1. | The name of the limited liability company is:
Boise Nature Counseling LLC | |
| 2. | The date the certificate of organization was originally filed : | 1/2/14 |
| 3. | The name of the limited liability company is amended to:
Roots Ecotherapy LLC | |
| 4. | The complete street and mailing addresses of the principal office is amended to:
1301 S. Capitol Blvd #200, Boise, ID 83706
<small>(Street Address)</small>
2035 S. Three Mile Creek Way, Boise, ID 83709
<small>(Mailing Address, if different)</small> | |
| 5. | The mailing address for future correspondence (annual reports) is amended to:
2035 S. Three Mile Creek Way, Boise, ID 83709
<small>(Address)</small> | |
| 6. | The name and address of the managers/members shall be amended as follows: | |
| | Add: <input type="checkbox"/> Delete: <input type="checkbox"/> |
<small>(Name) (Address)</small> |
| | Add: <input type="checkbox"/> Delete: <input type="checkbox"/> |
<small>(Name) (Address)</small> |
| | Add: <input type="checkbox"/> Delete: <input type="checkbox"/> |
<small>(Name) (Address)</small> |
| 7. | Signature of a manager, member, or authorized person. | |
| | Printed Name: April Johnston | <div style="border: 1px solid black; padding: 5px;"> <small>Secretary of State use only</small>

 IDAHO SECRETARY OF STATE
 01/31/2017 05:00
 CK:204 CT:315844 BH:1566633
 1@ 30.00 = 30.00 ORGAN AMEN #2 </div> |
| | Signature: <i>April Johnston</i> | |
| | Printed Name: _____ | |
| | Signature: _____ | |