To: Division of Corporations & Commercial Code			Date:		Pages:						
Fax #: (801) 530-	6438										
Filing Type: Business Registration Filing UCC/C			S Filing	Other							
Regarding Busine	ess Name:										
By providing credit card information you authorize the Division of Corporations to charge this credit card.											
Credit Card Type	2:		Card Holder Name:								
Card Number:			Exp. Date:								
CSV #:			Billing Zip Code:								
Contact Name:			Contact Phone #:								
Contact Email:											
Please fax back to (If a selection is no Comments:	ot made it will be understood me confirmation of filing of made it will be understood to made it will be understood of the confirmation of the con	g - \$5.00 plus 5 od that the filing	61.00 per pag g will not be f Contact Fax	ge: Yes No Caxed back to me)							
		Office	Use Only								
Received by:	Fax	Mail	Email	Walk-in							
Regarding Busine	ess Name:										
Contact Name:			Contact Phone #:								
Contact Email:											
Expedite: Yes	No										
Fax Back: Yes	No		Contact Fax	ι#:							
Comments:											



Non-Refundable Processing Fee: \$37.00

, , , , , , , , , , , , , , , , , , ,	al named below causes this Amendment to the Certificate of vision of Corporations for filing, and states as follows:
Entity Number:	
The name of the limited liability company i	s:
The Certificate of Organization shall be am	ended as set forth herein (complete all that apply):
There is a change in the name of the	e limited liability company to:
The Certificate of Organization is an	mended as follows:
Filing date of initial certificate	
Future effective date (if not to be eff	fective upon filing) (OO/FF/[[[['('hot to exceed 90 days)
	e that this Amendment of Certificate of Organization has been of my knowledge and belief, true, correct and complete.
Name:	Signed:
TP: .1	Datal

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may

use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

01/14

mportant: Read instruc	tions befor	re completing form	1	Non-I	Kerundabie i	rocessing i	ree: \$70.00
1. Name of Limited Liability	Company:						
2. Principal office address: Street Address Required PO Box can be listed after Street Address		255				G: .	
• • • • • • • • • • • • • • • • • • • •		Address		City		State	Zip
3. The name of the Registere	d Agent (Indi	vidual or Business Ent	tity or Commerci	ial Registered Agent):			
The address must be listed if y	ou have a non	ı-commercial registered	l agent. See instr	uctions for further details.			
Address of the Registered Ag	ent:						
J J		Utah Street Address R	equired, PO Box	es can be listed after the Street Addre	ess		
City:					State UT	Zip:	
4. Signature of Organizer							
Signatur	re:						
	1 Name					Position	
5. Name and Address of	1,					* *******	
Members and/or	Address			City		State	Zip
Managers (optional):	2.						
	Name					Position	
	Address			City		State	7: _n
	Address			v		State	Zip
6. Duration (optional):		The duration of the c	company shall b	e perpetual			
		The duration of the c	company shall b	e			
7. Purpose (optional):							
				on is classified as public record. For cany individual affiliated with the entit		ourposes, you i	may use the
Optional Inclusion of O	wnership l	Information: This	s information	is not required.			
Is this a female owned by	Yes	No					
Is this a minority owned business?		Yes	No	If yes, please specify:			