

**APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY
FOREIGN LIMITED LIABILITY COMPANY**

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of Limited Liability Company _____

Alternate Name _____

Check the item or items that are being amended and provide the appropriate information:

Organized under the laws of the State or Jurisdiction of: _____

The name of the organization has been changed to:

Alternate name changed to:

The address of the principal office has been changed to:

Street and mailing address _____ City _____ State _____ Zip _____

If required by state or jurisdiction of organization, office maintained in that jurisdiction has been changed to:

Street and mailing address _____ City _____ State _____ Zip _____

Nature of the Business or purposes to be conducted in this state has been changed to:

Name and address of registered agent in Nebraska:

Registered Agent Name: _____

Registered Agent Address:

_____ NE _____

Street Address and post office box number (if any) _____ City _____ Zip _____

Effective date if other than the date filed _____

Date _____

Signature of Authorized Representative

Printed Name of Authorized Representative