

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY FOREIGN PROTECTED SERIES

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

Name of Protected Series _____

Name of Series LLC 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 Protected Series has been changed to: _____

Alternate name changed to: _____

The Name of the Series Limited Liability Company has been changed to: _____

The address of the principle office has been changed to: _____

Street 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 _____

Name and address of knowing individual: _____

Individual Name: _____

Individual Address: _____

Effective date if other than the date filed _____

Signature of Authorized Representative

Printed name of Authorized Representative