

**AMENDED CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
www.sos.nebraska.gov

Name of Limited Liability Company _____

Date Certificate of Organization was filed _____

Please mark the changes this amendment makes to the certificate as most recently amended or restated and provide the appropriate changes.

_____ Professional Service being rendered by the Limited Liability Company

_____ Street and mailing address of the Designated Office

_____ Name of Registered Agent _____

_____ Street, mailing address and post office box (if any) of Registered Agent

_____ Any other changes to the certificate of organization

(attach additional pages if needed)

Effective date if other than the date filed _____

Signature of Authorized Representative _____ Printed Name of Authorized Representative _____ Date _____