

**AMENDED CERTIFICATE OF ORGANIZATION
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 _____

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

FILING FEE: \$30.00

Revised 07/01/2021

Neb. Rev. Stat. §21-118