

# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY FOREIGN PROTECTED SERIES

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

\_\_\_\_\_

Street Address and post office box number (if any)

City

NE

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