

**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.**

\_\_\_\_ Name of Limited Liability Company \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Professional Service being rendered by the Limited Liability Company  
\_\_\_\_\_

\_\_\_\_ Street and mailing address of the Designated Office  
\_\_\_\_\_

\_\_\_\_ NE \_\_\_\_\_  
Street Address City Zip

\_\_\_\_ Name of Registered Agent \_\_\_\_\_

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

\_\_\_\_ NE \_\_\_\_\_  
Street Address City Zip

\_\_\_\_ Any other changes to the certificate of organization  
\_\_\_\_\_

(attach additional pages if needed)

Effective date if other than the date filed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of Authorized Representative