APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY FOREIGN 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_____
Alternate 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 organization has been changed to:
_____

___ Alternate name changed to:
_____

___The address of the principal office has been changed to:
_____
Street and mailing 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 State Zip

Effective date if other than the date filed _____

_____ _____
Signature of Authorized Representative Printed name Representative

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