

**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY  
LIMITED LIABILITY COMPANY  
(FOREIGN)**

Submit in Duplicate

John A. Gale, Secretary of State  
Room 1301 State Capitol, P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
<http://www.sos.state.ne.us>

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

Organized under the laws of the State of \_\_\_\_\_

Date original certificate of authority was filed in Nebraska \_\_\_\_\_

The name of the organization has been changed to:  
\_\_\_\_\_

The address of the principle office has been changed to:  
\_\_\_\_\_

Nature of the Business or purposes to be conducted or promoted in this state:  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of registered agent in Nebraska:

Registered Agent Name: \_\_\_\_\_

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

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

\_\_\_\_\_  
Printed name Representative

FILING FEE: \$15.00

Revised 11/29/2007

Neb. Rev. Stat. 21-2641