

**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 and post office box number (if any) City Zip

Signature of Authorized Representative

Printed name of Authorized Representative

FILING FEE: \$15.00

Revised 12/2011

Neb. Rev. Stat. 21-2641