

**AMENDED CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

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.ne.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 \_\_\_\_\_

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

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

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

\_\_\_\_\_  
(attach additional pages if needed)

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

\_\_\_\_\_  
Signature of Authorized Representative      Printed Name of Authorized Representative      Date