

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

Submit in Duplicate

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
www.sos.ne.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 principle 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:

Street Address and post office box number (if any) City NE State Zip

Effective date if other than the date filed _____

Signature of Authorized Representative

Printed name Representative

FILING FEE: \$15.00 plus \$5.00 per additional page

Revised 01/10/2019

Neb. Rev. Stat. 21-159