

**APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY
FOREIGN 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.state.ne.us

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