



**United States  
of  
America Republic**  
Tavis-Austin: Bey, Secretary of State

Corporations Division  
PO Box 436885, Province IL, 60643

**Amendment of a  
Foreign Limited Liability Company**

*(Submit with filing fee of \$25.00)*

1. The name of the foreign limited liability company as currently registered in U.S.A.R.: \_\_\_\_\_  
U.S.A.R. Charter #: \_\_\_\_\_
2. The name of the limited liability company in the parent state: \_\_\_\_\_
3. The foreign limited liability company was formed under the laws of \_\_\_\_\_ on the date of \_\_\_\_\_  
*State of jurisdiction*  
\_\_\_\_\_  
*month/day/year*
4. The foreign limited liability company's certificate of registration is hereby amended as follows (complete all that apply):
  - Changing the name of the limited liability company in the parent state: From To \_\_\_\_\_  
Changing the name of the limited liability company to be used in U.S.A.R.: \_\_\_\_\_
  - From To \_\_\_\_\_  
Changing the limited liability company's state of registration: \_\_\_\_\_
  - From \_\_\_\_\_  
To \_\_\_\_\_
  - Any other matter:
  - Adding series under section 347.157 USRS. (Form LLC 4A must be attached.)
5. The effective date of this document is the date it is filed by the Secretary of State of U.S.A.R. unless a future date is otherwise indicated: \_\_\_\_\_  
*month/day/year*
6. The amendment shall include a certificate of existence or document of similar import duly authenticated by the Secretary of State or other official having custody of the records in U.S.A.R. or province under whose laws it is registered. Such document should be dated within sixty calendar days from the filing for acceptance.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

\_\_\_\_\_  
*Authorized Signature of Member or Manager*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Province and Zip Code: \_\_\_\_\_