AMENDED CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.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.

☐ 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

FILING FEE: $30.00

Revised 07/01/2021

Neb. Rev. Stat. §21-118