



FORM **504**

**Limited Liability Company
Articles of Amendment**

[Chapter 183.0203 Wis. Stats.](#)

1. Name of limited liability company: _____

2. The Text of Amendment to the articles of organization amends:

Name of Limited Liability Company: _____
(New Name of LLC)

Street address of the Registered Office: _____
(Street Address)

(City, State and Zip Code)

Name of the Registered Agent at that office: _____
(Name)

The Management of the Limited Liability Company: Vested in Members Vested in Managers

3. Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). Yes No

4. This document was drafted by: _____

5. This document was executed on behalf of the limited liability company on: _____
(MM/DD/YYYY)

(Print name of Individual who executed)

Check one title: Manager Member Attorney-in Fact

(Signature of individual who executed)

Submit this form along with the non-refundable filing fee of **\$40.00** to the address listed below. Make remittance payable to the [Department of Financial Institutions](#). Optional expedited service: The non-refundable expedited service fee of **\$25.00** is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. **For answers to frequently asked questions, please see: [Form 504 Instructions](#)**

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
State of WI – Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave – Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.wdfi.org
TTY: 711



OFFICE USE ONLY



OPTIONAL

6. State the delayed effective date of the articles of amendment under [s. 183.0111\(2\)](#).

This document has a delayed effective date of: _____
 (MM/DD/YYYY)

7. Contact information:

_____	_____
(Name)	
_____	_____
(Address)	(Phone Number)
_____	_____
(City, State and Zip Code)	(Email Address)

SAVE TIME AND MONEY!
SUBMIT YOUR
AMENDMENT ONLINE AT
www.wdfi.org

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