

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY LIMITED LIABILITY COMPANY (SS-4231)



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102
(615) 741-2286
Filing Fee: \$20.00

For Office Use Only

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of § 48-246-303 of the Tennessee Limited Liability Company Act or § 48-249-906 of the Tennessee Revised Limited Liability Company Act, the undersigned hereby applies for an amended certificate of authority to transact business in the State of Tennessee, and for that purpose sets forth:

1. The currently recorded name of the Limited Liability Company is: _____

If different, the name under which the certificate of authority is to be obtained is: _____

2. The state or country under whose law it is organized is: _____

The date of its formation is _____ / _____ / _____
Month Day Year

3a. The complete street address of its principal office is: Change

Physical Street Address: _____

City: _____ State: _____ Zip Code: _____

3b. The mailing address (if different from the physical street address) is:

Mailing Street Address: _____

City: _____ State: _____ Zip Code: _____

4. The name and complete address of the registered agent and office located in the state of Tennessee is: Change

Registered Agent name: _____

Address: _____

City: _____ State: **TN** Zip Code: _____ County: _____

5. If applicable, this limited liability company has the additional designation of: _____

6. If the provisions of TCA § 48-249-309(i) (relating to foreign series LLCs) apply, then the information required by that section should be attached as part of this filing.

7. Please insert the number of members at the date of filing if more than six (6): _____

8. Other changes: _____

NOTE: This application must be accompanied by a certificate of existence or a document of similar import (for example, a certificate of good standing) duly authenticated by the Secretary of State or other official having custody of Limited Liability Company records in the state or country under whose law it is formed. The certificate shall not bear a date of more than two (2) month prior to the date the application is successfully filed in Tennessee.

Signature Date

Signature

Signer's Capacity

Name (printed or typed)