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

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 __________________________

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) __________________________

*Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.