

**AMENDED CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
http://www.sos.state.ne.us

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.

____ Name of Limited Liability Company _____

____ 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