



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

**Complete and submit the application in duplicate.**

1. The name of the limited liability company is:

\_\_\_\_\_

2. The date the certificate of organization was originally filed : \_\_\_\_\_

3. The name of the limited liability company is amended to:

\_\_\_\_\_

4. The complete street and mailing addresses of the principal office is amended to:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:

\_\_\_\_\_  
(Address)

6. The name and address of the managers/members shall be amended as follows:

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

# INSTRUCTIONS

If the document is incorrect, provide contact information where can you be reached for corrections:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email address

## Notes: Complete and submit the application in duplicate.

Line 1. Enter the name of the limited liability company exactly as it is filed with the Secretary of State's Office. If the LLC has been administratively dissolved and the name is no longer available for use, the name must be amended on line # 2.

Line 2. Enter the date the certificate of organization was filed in this office.

Line 3. If this amendment includes a change to the name of the limited liability company indicate the new name of the limited liability company. Note: The new name of the limited liability company must include the requirements of Idaho Code § 30-21-302, which requires the name to contain the words Limited Liability Company, Limited Company or the abbreviation L.L.C., L.C., LLC or Ltd. Co.

Line 4. Use this line to amend the street and mailing addresses of the principal office.

Line 5. Use this line to amend the mailing address for future correspondence.

Line 6. If this amendment is to add or delete a manager or member of the limited liability company you can do so in this area.

Line 7. The application must be signed by an authorized person. Please identify the name of the signer by typing his/her name below the signature.

Enclose the appropriate fee (make checks payable to Idaho Secretary of State):

- a. The filing fee is \$30.00 (\$50.00 if not typed)
- b. If expedited service is requested, add \$20.00 to the filing fee.
- c. If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.



# AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

**Complete and submit the application in duplicate.**

1. The name of the limited liability company is:

\_\_\_\_\_

2. The date the certificate of organization was originally filed : \_\_\_\_\_

3. The name of the limited liability company is amended to:

\_\_\_\_\_

4. The complete street and mailing addresses of the principal office is amended to:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:

\_\_\_\_\_  
(Address)

6. The name and address of the managers/members shall be amended as follows:

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

Add:  Delete:  \_\_\_\_\_  
(Name) (Address)

7. Signature of a manager, member, or authorized person.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only