



Secretary of the State of Connecticut

Phone: 860-509-6003 Website: business.ct.gov Email: bsd@ct.gov

CERTIFICATE OF AMENDMENT - [Accessible Version Available](#)

Limited Liability Company: Domestic - Use Ink. Print or Type. Attach 8 1/2" X 11" sheets if necessary.

FILING PARTY (Confirmation will be sent to this address):

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

TELEPHONE NUMBER:

Filing Fee: \$120

Make checks payable to
"Secretary of the State"

1. NAME OF LIMITED LIABILITY COMPANY (Required - Name must exactly match the name on record with the Secretary of the State, including the business designation (e.g., LLC, L.L.C., etc.)):

2. Statement of AMENDMENT (Required - Check only one of the following statements, 2A, 2B, 2C or 2D): **THE LIMITED**

LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS:

- 2A. AMENDED, NAME ONLY:** _____
(Provide new name, including the business designation, (e.g., L.L.C., LLC, etc.))
- 2B. AMENDED ONLY.** *In section 3 below, provide the full text of any amendments to the certificate of organization.*
- 2C. AMENDED AND RESTATED.** *In section 3 below, provide the full text of each amendment **and** attach a complete restatement of the limited liability company's certificate of organization incorporating the amendments.*
- 2D. RESTATED.** *Attach one document integrating all previous amendments into the limited liability company's certificate of organization.*

3. FULL TEXT OF EACH AMENDMENT (Required if 2B or 2C above is checked. If additional pages attached, check this box):

4. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement):

DATE SIGNED (mm/dd/yyyy): _____ / _____ / _____

NAME OF SIGNATORY
(print or type)

CAPACITY/TITLE OF SIGNATORY
(print or type)

SIGNATURE

CERTIFICATE OF AMENDMENT OF DOMESTIC LIMITED LIABILITY COMPANY FORM

INSTRUCTIONS:

Any questions concerning the completion of this form or the applicable statutory or case law must be directed to your own legal counsel. This office cannot render advice in connection with these matters.

NUMBERS CORRESPOND TO SECTION NUMBERS ON THE FORM

- 1. NAME OF LIMITED LIABILITY COMPANY:** Provide the name of the Limited Liability Company as it currently appears on the records of the Secretary of the State.
- 2. STATEMENT OF AMENDMENT:** Check the applicable statement, 2A, 2B, 2C, or 2D. Check only one of the statements.
NOTE: If the space in section 3 is not sufficient, check the box in section 3 and attach additional 8½ x 11 pages.
 - 2A. AMENDED, NAME ONLY:** Check this box if the amendment **only** changes the name of the limited liability company and specify the new name on line provided.
 - 2B. AMENDED:** Check this box if limited liability company's certificate of organization is being amended and its name is not being changed, or if the name is being changed **and** additional changes to the certificate of organization are being made.
 - 2C. AMENDED AND RESTATED:** Check this box only if the certificate of organization is being amended and every element of the original certificate of organization, as supplemented and amended, are integrated into one document.
 - 2D. RESTATED:** Check this box only if the provisions of the original certificate of organization, as supplemented and amended, are merely being restated so that the effective provisions of the certificate of organization are integrated into one document. There cannot be any discrepancy between the above mentioned provisions and the provisions being related.
- 3. FULL TEXT OF AMENDMENTS:** Complete if 2B OR 2c above is checked.
NOTE: If the space in section 3 is not sufficient, check the box in section 3 and attach additional 8½ x 11 pages.
 - If statement 2B (name change amendment) is checked, use the space in section 3 to provide the full text of the amendment(s).
 - If statement 2C is checked (amended and restated), provide the full text of each amendment at section 3 and attach a complete restatement of the Limited Liability Company's Certificate of Organization incorporating those amendments.
- 4. EXECUTION/SIGNATURE: All forms must be signed.** The signatory must print or type the signatory's full legal name, provide the capacity / title under which the signatory acts, sign the document, and provide the date signed.
NOTE: the execution constitutes a statement subject to penalty of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

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