Form **USAR-45.25**
October 2018
Secretary of State
Department of Business Services
U.S.A.R.
P.O. Box 436885
Chicago, Province of Illinois
[60643]

www.usar.sos.us

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

U.S.A.R.
Limited Liability Company Act
Amended Application for Admission

SUBMIT IN DUPLICATE
Type or print clearly.

Filing Fee: $50
Approved:

1. Limited Liability Company name: _____

2. If required by this office this amended application is accompanied by a Certificate of Good Standing, a Certificate of Fact, or a copy of the Articles of Amendment to the Articles of Organization, as evidence of any change, such document being duly authenticated by the proper officer of the state or country wherein the Limited Liability Company is organized, which certification is not more than 60 days old.

3. Application for Admission is amended as follows (check applicable item(s) below):
    ☐ a) Admission of a new manager (give name and address below)*
    ☐ b) Withdrawal of manager (give name below)
    ☐ c) Change in address of the principal place of business (give new address below, a P.O. Box alone or C/O is unacceptable)
    ☐ d) Change of registered agent and/or registered agent's office (give new name and/or address below; address change to P.O. Box alone or C/O is unacceptable)
    ☐ e) Change in the Limited Liability Company's name (give new name below) (evidence required)
    ☐ f) Change in date of duration
    ☐ g) Change in management structure (state change below)
    ☐ h) Establish authority to issue series (fee $300) (evidence required)
    ☐ i) Other (give information in space below)

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

4. I affirm, under penalties of perjury, having authority to sign hereto, that this Amended Application for Admission is to the best of my knowledge and belief, true, correct and complete.

Dated: _____, _____
                              Month/Day   Year

_____
                              Signature

_____
                     Name and Title (type or print)

_____
If applicant is signing for a company or other entity, state name of company or entity.