



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

ARTICLES of AMENDMENT for DOMESTIC LIMITED LIABILITY COMPANY [35-8-203, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Folder ID Number: _____
The folder number begins with a "C" and may be referenced at <https://www.mtsosfilings.gov>.

Required Filing Fee: \$15.00
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.
If the document is hand written, please print legibly or the application may be denied.

Check One Box:
 Limited Liability Company
 Professional Limited Liability Company

1. The current name of the Limited Liability Company:

2. The date the initial Articles of Organization were filed: _____
(This is not the date you are filing these Articles of Amendment.) (Month/Day/Year)

3. The following amendment(s) were adopted in the manner provided for by the Montana Limited Liability Company Act:
(Attach a separate sheet of paper, if necessary.)

4. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Signature of Managing Member/Managing Manager Date

Printed Name Title

5. Daytime Contact: Phone _____ Email _____