



# 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 SERIES 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](http://sos.mt.gov)

**Required Filing Fee: \$15.00**  
**Plus \$50.00 for Each New Series Member**  
 24 Hour Priority Handling check box and **Add \$20.00**  
 1 Hour Expedite Handling check box and **Add \$100.00**

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

**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:**

- Series Limited Liability Company
- Professional Series Limited Liability Company

1. The current name of the Series Limited Liability Company:

\_\_\_\_\_

2. Attach list naming each Series Member(s) per [35-8-205\(3\), MCA](#). (Include operating agreements for all new series members.)

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

4. 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 \_\_\_\_\_