



STATE OF MONTANA

APPLICATION for AMENDED CERTIFICATE of AUTHORITY
of FOREIGN SERIES LIMITED LIABILITY COMPANY
[35-8-1007, MCA](#)

MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

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)

Required Filing Fee: \$15.00
Plus \$50.00 per each NEW Series Member added
 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 an "E" 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.

- The Series Limited Liability Company was authorized to transact business in Montana under the name:

- The Series Limited Liability Company's name has been changed to:

(Name must contain any addition required by [35-8-108, MCA](#).)
- Its period of duration has changed from: _____ to: _____.
- Its state, tribe, or country of organization has changed from: _____ to: _____.
- Names of new Series Members added and/or Series Members deleted are:

- Attach list naming each Series Member(s) per [35-8-205\(3\), MCA](#).**
- I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.

Signature of Managing Member/Managing Manager Date

Printed Name Title

8. Daytime Contact: Phone _____ Email _____