

**Secretary of State**  
Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

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

Illinois  
**Limited Liability Company Act**  
**Amended Application for Admission**

**SUBMIT IN DUPLICATE**  
Type or Print Clearly.

**Filing Fee: \$150**  
**Approved:**

**FILE #**  
This space for use by Secretary of State.

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 member (give name and address below)
- b) Admission of a new manager (give name and address below)
- c) Withdrawal of a member (give name below)
- d) Withdrawal of manager (give name below)
- e) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable.)
- f) Change of registered agent and/or registered agent's office (give new name and/or address below, Address Change to P.O. Box or C/O is unacceptable.)
- g) Change in the Limited Liability Company's name (give new name below) (evidence required)
- h) Change in date of duration.
- i) Change in management structure (state change below)
- j) Establish authority to issue series (fee \$400) (evidence required)
- k) Other (give information in space below)

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.

\_\_\_\_\_  
Signature (must comply with Section 5-45 of ILLCA)

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Name if a Company or other Entity and if a Member or Manager of the LLC

Dated: \_\_\_\_\_, \_\_\_\_\_  
Month/Day Year