AMENDED
ARTICLES OF REGISTERED SERIES
(Registered Series of a Limited Liability Company)

Filing Fee: $100.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

I hereby execute the following articles for the purpose of amending the articles of organization of an Oklahoma Registered Series of a limited liability company pursuant to the provisions of Title 18, Section 2054.5:

1. A) Name of the limited liability company:

_____

B) Name of the registered series:

_____

2. **AS AMENDED**: Street address of the principal place of business, wherever located:

_____

Street address **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

3. **E-MAIL** address of the primary contact for the registered business:

_____

❖ Notice of the Annual Certificate will **ONLY** be sent to the Limited Liability Company at this electronic mail address.

4. **AS AMENDED: NAME**, email address, and street address of the registered agent for service of process in the state of Oklahoma:

Oklahoma

Name **Street Address** **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

Email Address: _____

5. **AS AMENDED**: Term of existence: _____

❖ You may state **perpetual**, a set number of years, or a future effective expiration date. Perpetual means continuous.

6. Set forth clearly any and all amendments to the articles of organization:

The amended articles of organization must be signed by a manager of the limited liability company.

- Signature of Manager: _____ Dated: _____
- Printed Name: _____

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)