AMENDED OR CORRECTED APPLICATION FOR REGISTRATION

(Foreign Limited Liability Company)

Filing Fee: $100.00

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

I hereby execute the following articles for the purpose of amending or correcting the registration of a foreign limited liability company pursuant to the provisions of Title 18, Section 2046:

1. A) Name of the limited liability company:

_____

B) If different, the **fictitious name** which the company transacts business under in the state of Oklahoma:

_____

C) **AS AMENDED:** Name of the limited liability company:

_____

(**NOTE:** The new name **must** contain either the words **limited liability company** or **limited company** or the abbreviations **LLC, LC, L.L.C.** or **L.C.** The word **limited** may be abbreviated as **Ltd.** and the word **company** may be abbreviated as **Co.**)

2. **State** or other jurisdiction of its formation: _____

3. **Date** the company was originally formed: _____

4. **AS AMENDED: NAME**, email address, and street address of the registered agent for service of process in the state of Oklahoma, if any:
   - ❖ The registered agent **shall** be an individual resident of Oklahoma **or** a domestic or qualified foreign corporation, limited liability company or limited partnership.

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

Email Address: _____

5. **AS AMENDED**: **Address** of the office required to be maintained in the state of its organization by the laws of that state or, if not so required, the **principal office** of the foreign limited liability company:

Street Address	City	State	Zip Code

6. **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.

7. Set forth clearly any and all amendments or corrections to the application for registration:

The amended or corrected application for registration must be signed by a manager, member, or other person.

- Signature: _____ 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)