

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

PURPOSE: In order to amend a Limited Liability Company's (LLC) Certificate of Formation under Section 10A-5A-2.02 of the Code of Alabama 1975 this Amendment and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the LLC was initially formed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the county where the LLC's Certificate of Formation was recorded. **Contact the Judge of Probate's Office to determine the county filing fees.** Make a separate check or money order payable to the **Secretary of State for the state filing fee of**

**\$50.00 for standard processing or \$150.00 for expedited processing** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State's Office has indexed the filing, the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Records tab, Record Searches, and the Business Entity Records link – you may search by entity name or number. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of filing according to 10A-1-4.04. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your Amendment will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

**(For County Probate Office Use Only)**

**This form must be typed or laser printed.**

1. The name of the Limited Liability Company from the Certificate of Formation:

\_\_\_\_\_

2. The date the Certificate of Formation was filed in the county: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (format MM/DD/YYYY)

3. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Records tab, Record Searches, click on Business Entity Records, click on Entity Name, enter the registered name of the entity in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

**(For SOS Use Only)**

This form was prepared by: (type name and full address)

**DOMESTIC LIMITED LIABILITY COMPANY AMENDMENT**

4. The titles, dates, and places of filing of any previous Amendments: \_\_\_\_\_

**Attach a listing if necessary.**

[Instruction on Amendment completion: Be very specific about what must be changed if you are amending existing information. If the amendment includes a name change, a copy of the Name Reservation form issued by the Office of Secretary of State **must** be attached.

Registered agents and registered agent addresses are changed by filing a Change Of Registered Agent Or Registered Office By Entity form directly with the Office of the Secretary of State (the new agent's signature is required agreeing to accept responsibility). You may file the information as an Amendment also, but the change form must be on file with the Secretary of State per 10A-1-3.12(a)(2) to effect the change in the public records database.]

5. The following amendment was adopted on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(format MM/DD/YYYY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Additional Amendments and the dates on which they were adopted are attached.

6. The undersigned authorized signature certifies that the amendment or amendments have been approved in the manner required by Title 10A of the *Code of Alabama of 1975* and the governing documents of this entity.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature as required by 10A-5A-2.04

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title/Capacity to Sign under 10A-5A-2.04

**Secretary of State Credit Card Payment Option Sheet:** Check with the County Probate Judge's Office in which you will be filing prior to filing to make sure that the credit card payment will be accepted. **If the County Probate Office does not accept this option it is not available for this filing.**

**NOTE:** You will not receive a credit card receipt from the Secretary of State's Office and the office personnel will not be able to search credit card transactions to help you balance your accounts. **Please do not use this option if you need a receipt.** The document will be stamped showing the receipt of the filing fee but no convenience fees.

Entity ID #: \_\_\_\_\_ - \_\_\_\_\_ (format 000-000)

Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Service Requested: \_\_\_\_\_ \$50.00 Amendment filing fee  
\_\_\_\_\_ \$100.00 Expedited Processing fee \*

Card Number: \_\_\_\_\_

Expiration Mo/Yr: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_

City

State

Zip

Signature of Card Holder: \_\_\_\_\_  
MUST be Signature of Card Holder

\*Expedited Processing is available at the Secretary of State's (SOS) Office for an additional \$100.00 fee. The SOS Office will index a filing within approximately twenty four (24) hours of receipt from the Office of the County Probate Judge.