* **Filing Fee $30**

This Box For Office Use Only

* **Filing Fee with Expedited Service $80**

AMENDED CERTIFICATE OF FORMATION LIMITED LIABILITY COMPANY

 [RCW 25.15](http://app.leg.wa.gov/RCW/default.aspx?cite=25.15)

**Please provide UBI #**

**ENTITY NAME:**

**NAME OF LIMITED LIABILITY COMPANY:** (as currently recorded with the Office of the Secretary of State)

**BUSINESS TYPE:**

Are you changing your business type? **□** Yes **□** No (if no, continue to next section)

If yes, select the change being made:

* WA PROFESSIONAL LIMITED LIABILITY COMPANY

**ENTITY NAME CHANGE:** Are you changing your business name? □ Yes □ No If no, continue to Jurisdiction If yes, do you already have an entity name reserved? □ Yes □ No

If Yes, provide the Name Reservation Number and Name If No, provide only the name Reservation Number:

Name:

**DURATION: *Required only if changed*** Please check **ONE** of the following

* This Company shall have a perpetual duration □ This Company shall have a duration of years.
* This Company shall expire on

**Has your registered agent changed? □ YES □ NO If Yes, please be sure to complete page 2**

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent? □ Yes □ No

**If Yes**, provide the name of the Commercial Registered Agent:

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to

receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual’s address on record with the office.

**A Registered Agent consent is still required for a Commercial Registered Agent located below. If No**, please continue below

**Please complete ONE type of Registered Agent below, be sure to include the name below the checked box.**

**Then continue to provide the required street address. Mailing address if needed.**

|  |  |  |
| --- | --- | --- |
| **□ Individual**First and last name of a Non-commercial Registered Agent. (Any person not registeredas a Commercial Registered Agent.) | **□ Entity**Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.) | **□ Office or Position**List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds theposition like: Secretary, Member or Treasurer.) |
| Phone:  | Email:  |
| **Registered Agent Street Address (required)****(Must be a physical address No PO Box or PMB)****Country**: **United States State**: **Washington****Address** : **Zip**: **City**:  | **Registered Agent Mailing Address (optional)****□ Check if mailing address is the same as street address****Country**: **United States State**: **Washington****Address** : **Zip**: **City**:  |

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my

responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity;

and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent Printed Name/Title Date

**PRINCIPAL OFFICE: *Required only if changed***

**Principal Office Street Address**

**(Must be a physical address; No PO Box or PMB)**

**Address**:

**Mailing Address (optional)**

□ **Check if mailing address is the same as street address.**

**Address**:

**Zip:**

**City**:

**Zip:**

**City**:

**State**: **Country**:

**State**: **Country**:

**Phone: (optional) Email: (optional)**

**GOVERNORS: *Required only if changed***

**List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor**

**Name: Name: Name:**

**Name: Name: Name:**

**EFFECTIVE DATE:**

* Date of filing □ Specify a Date

**RETURN ADDRESS FOR THIS FILING: *(Optional)***

cannot be more than 90 days following received date

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent’s street/mailing address.

**Attention to:**

**Email:**

**Address**:

**City State Zip**

**AUTHORIZED PERSON:**

**This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.**

**Signature of Authorized Person Printed Name/Title Date**