



LLC AMENDMENT ORDER FORM

Accumera LLC • 911 Central Avenue, #101 • Albany, NY 12206
(518) 937-9117 • (888) 467-1289 **toll free** • (518) 937-9128 **fax**
info@accumera.com • www.accumera.com

BILLING INFORMATION

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Mobile Phone: _____ Fax: _____
E-mail: _____ Web: _____

SHIPPING INFORMATION (complete only if different from "billing information")

Firm Name (if applicable): _____
Contact Person: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

COMPANY INFORMATION

Company Name: _____ State of Registration: _____
Date of Registration: _____ State ID Number: _____ Federal Tax ID Number: _____
Provide a brief description of the activities conducted by the company: _____

AMENDMENT DETAILS (check one or more)

On, (date of company approval) _____ the following amendment(s) is/are hereby approved:

Company Name: _____

Purpose: (attach additional pages if necessary) _____

Principal/Physical office address of the company:
Address: _____ City: _____ State: _____ Zip: _____

Mailing address:
Address: _____ City: _____ State: _____ Zip: _____

Registered Agent: I want Accumera LLC to provide this service. Use my R/A details as follows: (Physical address in the state of registration)
Name: _____ (Must be a resident within the state of registration)
Address: _____ City: _____ State: _____ Zip: _____

County: _____

Managed by one or more: Members Managers

New Manager details as follows:

	Name	Title (Oper. Manager, Sec. Treas.)	Address	City	State	Zip
1st	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____
4th	_____	_____	_____	_____	_____	_____
5th	_____	_____	_____	_____	_____	_____

