

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

Contact Person: Title: State: Zip: Address: City: State: Zip: Phone: Fax: F	Firm Name (if applicable):				
Address:	• •				
Phone:					
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 herby approved: Company Name: City: State: Zip: Address: Address: City: State: Zip: State: Zip: Mailing address: Address: City: State: Zip: State: Zip: County: State: Zip: State:					
SHIPPING INFORMATION (complete only if different from "billing information") Firm Name (if applicable). Contact Person:					
Firm Name (if applicable): Contact Person: Address: City: State: Zip: Phone: E-mail: COMPANY INFORMATION Company Name: 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) Company Name: Purpose: (attach additional pages if necessary) Principal/Physical office address of the company: Address: Mailing address: Address: Registered Agent: I want Accumera LLC to provide this service. Wanne: What be a resident within the state of registration: Address: City: State: Zip: Name: Name: Managed by one or more: Members Managers New Manager details as follows: Name Title (Oper. Manager, Sec. Treas.) Address City State Zip Title (Oper. Manager, Sec. Treas.) Address City State Zip					
Address:	Firm Name (if applicable):				
Phone:	Contact Person:	Title:			
Company Name:	Address:	City:	State:	Zip:	
Company Name:	Phone:	E-mail:			
Date of Registration:State ID Number:Federal Tax ID Number:Provide a brief description of the activities conducted by the company:					
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AMENDMENT DETAILS (check one or more) On, (date of company approval)	Date of Registration: State ID Number:				
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Address: City: State: Zip: Mailing address: City: State: Zip: State:					
Mailing address: Address: 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 Title (Oper. Manager, Sec. Treas.) Address		Citv:	State:	7ip:	
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Managed by one or more: Members Managers New Manager details as follows: Name Title (Oper. Manager, Sec. Treas.) Address City State Zip	Address:	City:	State:	Zip:	
New Manager details as follows: Name Title (Oper. Manager, Sec. Treas.) Address City State Zip Zip					
Name Title (Oper. Manager, Sec. Treas.) Address City State Zip R R R R R R R R R R R R R					
3rd 2nd 1st	New Manager details as follows:				
3rd 7rd	_ ,	r	City	State 7in	
34	Name Title (Oper. Manager, Sec. Treas.) Address	<u>S</u>	<u>City</u>	<u>State</u> <u>Zip</u>	
	Name Title (Oper. Manager, Sec. Treas.) Address	<u>s</u>	<u>City</u>	<u>State Zip</u>	
	Name Title (Oper. Manager, Sec. Treas.) Address	<u>S</u>	City	<u>State Zip</u>	
4	Name Title (Oper. Manager, Sec. Treas.) Address	<u>S</u>	City	State Zip	

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— AMENDMENT DETAILS	Continuea					
New Member details as f	follows:					
<u>Name</u>	<u>Address</u>		<u>City</u>	<u>State</u> <u>Zip</u>		
1st						
2nd						
Pre Pre						
4th						
2th						
<u> </u>						
Other Amendment/Add	itional Notes: (provide details o	of the amendment tha	t you require)			
 Signer Information 						
	_			Title:		
ADDITIONAL OPTIONS						
Expedite my request (If s	selected we will disburse any a	dditional state fees in	order to expedite your fili	ng)		
Expedite my request (If selected we will disburse any additional state fees in order to expedite your filing)Obtain Certified copy of the amendment filing						
Obtain Certificate of good standing / certificate of existence						
Prepare LLC resolution approving amendment						
Fully prepared and updated minutes, operating agreement, membership certificates and ledger						
New complete LLC kit (Includes book, binder, 20 membership certificates, sample minutes and operating agreement, LLC seal and shipping)						
New LLC seal only						
New membership certific	cates only (Qty. 20)					
RETURN METHOD -						
All documents will be emailed	d to you immediately upon rec	ceipt. Please designate	how you would like the c	originals returned to you.		
U.S.P.S First Class Mail	Fed-Ex 2-Day Fed-E	Ex Standard Overnight	Fed-Ex Priority Ove	erniaht		
— PAYMENT				J		
	nerican Express Discover	Card Number:				
☐Check or Money Order (En	closed) Expiration Date	e: (Month/Year)		/erification Code:		
Card Address:		City:		State:Zip:		
				- , 		
Cardholder Name (First/Last):	<u>:</u>	Cardhold	ler Signature:			
Credit Card Authorization B	By Submitting this form I authorize	Accumera LLC to charge	e my credit card for the service	ces requested.		