

F L O R I D A U N I T E D B U S I N E S S E S A S S O C I A T I O N
A P P L I C A T I O N F O R
A M E N D I N G A R T I C L E S O F O R G A N I Z A T I O N
(Please type or print legibly.)

A limited liability company (LLC) can change any part of its structure by filing Articles of Amendment.

Instructions:

1. On the first page of the Articles of Amendment, indicate the name of the LLC.
2. In the section entitled "First" list the date the articles of organization were filed. This is the date your LLC was formed.
3. In the section entitled "Second" list the change you wish to make to the Articles of Organization.
4. A manager of the LLC must then date, sign and print his or her name on the bottom of the form.

Payment Information

The fee for filing an amendment is \$70.00. We **ONLY** accept a certified check, cashier's check, money order or credit card.

Credit Card Information – ALL FIELDS ARE REQUIRED

Credit Card # _____ - _____ - _____ Expiration Date: _____ / _____

Security Code: _____

(3-digit code located on the back of card; 4-digit code located on the front of card for American Express)

Authorized Signature: _____

Billing First Name: _____

Billing Last Name: _____

Billing Address: _____

Billing City: _____

Billing State: _____

Billing Zip Code: _____

Billing Day Phone: (_____) _____

Please make sure a form of payment is included with your application. Make your check, cashier's check or money order payable to FUBA (Florida United Businesses Association).

WE WILL NOT PROCESS ANY APPLICATION UNTIL PAYMENT HAS BEEN RECEIVED.

Return original completed application to Florida United Businesses Association.

By mail: PO Box 1302, Tallahassee, FL 32302

By fax: (850) 681-0765

If you have any questions, please call FUBA at (800) 262-4483.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION OF**

Current Name of Limited Liability Company

First: The date of filing the articles of organization was _____.

Second: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Dated _____, 20 _____.

Signature of a manager or authorized representative of a manager

Typed or printed name of person signing