DOMESTIC LLC AMENDMENT PURPOSE AND INSTRUCTIONS

REQUIREMENTS FOR AMENDING THE ARTICLES OF ORGANIZATION OF A LIMITED LIABILITY COMPANY (53-19-11 NMSA 1978)

FILING FEES: \$50. Payment of fees must be made by check or money order, made payable to the New Mexico Secretary of State.

DOCUMENT SUBMISSION ADDRESS: New Mexico Secretary of State, 325 Don Gaspar, Suite 301, Santa Fe, NM 87501. We accept regular/courier mail and walk-in submissions.

PURPOSE OF FILING: The Articles of Organization must be amended to reflect any change in the name of the limited liability company, or to reflect a change in whether the company is managed by members or managers. The Articles of Organization may be amended in any respect desired, so long as the Articles of Organization as amended contain only provisions that may be lawfully contained in Articles of Organization at the time of making the amendment. It is not necessary to file Articles of Amendment for the purpose of changing the registered office address or registered agent (see Change of Registered Office or Registered Agent form), or to change the principal place of business and/or mailing address. Address updates may be filed on our E-Filing web portal at https://portal.sos.state.nm.us/BFS/online/Account.

FILING: The member(s) or manager(s) of the limited liability company shall file with the Secretary of State: (1) the signed original of the Articles of Amendment to the Articles of Organization and (2) \$50 filing fee. If the Secretary of State determines that the documents delivered for filing conform with the provisions of the Limited Liability Company Act, it shall, when all required filing fees have been paid, retain the signed original in the files of the Secretary of State and return a file-stamped copy with a Certificate of Amendment.

EXECUTION OF DOCUMENTS: The Articles of Amendment to the Articles of Organization shall be executed (signed) by a manager (if management of the limited liability company is vested in one or more managers), or by a member (if management is reserved to the members). The printed name and title of manager or member must appear next to the signature. The person executing the document may do so as an attorney-in fact. Powers of attorney relating to the execution of the document need not be shown to or filed with the Secretary of State.

INSTRUCTIONS

ARTICLE ONE: Enter the complete name of the limited liability company, as it currently appears on the Secretary of State's records and the Business ID # (charter ID number found on the Certificate of Organization).

<u>NOTE:</u> If amending to change the limited liability company name, do not enter the proposed new name in Article One. The proposed new name must be set forth only in Article Three, where it must be identified as an amended article.

ARTICLE TWO: Enter the date the original Articles of Organization were filed with the Secretary of State. This is the date that appears on the Certificate of Organization.

ARTICLE THREE: Enter the amended articles. Provide the text of only the particular articles that are being amended. Identify each amended article with its corresponding article number as set forth in the original Articles of Organization (example: "Amending Article # _____ (text of amended article would follow)".

NOTE: If new articles are being added, provide the text of the new article with an identifying article number (example: "Adding new Article # _____ (text of new article would follow)". If articles are being deleted from the Articles of Organization, identify the deleted article number (example: "Deleting Article # _____").

ARTICLE FOUR: The Articles of Amendment will be effective on the Secretary of State's file date, or at any later date if specified.

DATE AND EXECUTION: Enter the date the document was executed (signed). In the blanks, the signature of the member or manager of the limited liability company must sign and print the name and title.



DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing:			
Mail to (Business or Personal Name):			
Attention (if applicable):			
Document Mailing Address:			
City:	St	ate:	Zip Code:
Please check to indicate how the documents are to be delivered			
WILL PIC	KUP	MAIL TO ADDRESS	ABOVE
Please complete the information below if different from above.			
Contact Name:		Contact Phone Number:	
Contact Email:			

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS <u>WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS</u>. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY