



**ARTICLES OF AMENDMENT OF THE  
ARTICLES OF ORGANIZATION**

State Form 49460 (R11 / 6-19)

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

- INSTRUCTIONS:**
1. Use 8 ½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT** in **INK**.
  3. Please visit our office on the web at [www.sos.IN.gov](http://www.sos.IN.gov)
  4. Make check or money order payable to the Secretary of State.
  5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

**INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.**

Name of business
E-mail address of business (SOS use only)

**RETURN DOCUMENTS TO:**

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number (    )	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-18-2-5  
23-0.5-9-20

FILING FEE: \$30.00

The undersigned manager or member of the above referenced Limited Liability Company (hereinafter referred to as the "LLC") existing pursuant to the provisions of: Indiana Business Flexibility Act as amended (hereinafter referred to as the "Act"), desiring to give notice of action effectuating amendment of certain provisions of its Articles of Organization, certifies the following facts:

**ARTICLE I – AMENDMENT(S)**

SECTION 1: The name of the Limited Liability Company is:

SECTION 2: The date of organization of the Limited Liability Company is (month, day, year):

SECTION 3: The name of the Limited Liability Company following this amendment to the Articles of Organization is:

SECTION 4:  
The exact text of Article(s) \_\_\_\_\_ of the Articles of Organization is now as follows:

SECTION 5:  
 The above-named Limited Liability Company (LLC) desires to changes its entity type to a Domestic Master LLC.

Name of the Master LLC (Please note: The name must meet the requirements of Indiana Code 23-18.1-6-7.)

The Master LLC is authorized to designate one (1) or more Series.

**ARTICLE II**

Date of each amendment's adoption (month, day, year)

**ARTICLE III – REGISTERED AGENT INFORMATION**

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to [INBIZ.in.gov](http://INBIZ.in.gov).

Provide either commercial registered agent or noncommercial registered agent information below.

<input type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.)
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**OR**

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)	City	State <b>IN</b>	ZIP code
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(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Amendment has consented to the appointment of Registered Agent.

**ARTICLE IV – COMPLIANCE WITH LEGAL REQUIREMENTS**

The manner of the adoption of the Articles of Amendment constitutes full legal compliance with the provisions of the Act, and the Articles of Organization.

I hereby verify, subject to penalties of perjury, that the statements contained herein are true,

this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature

Printed name	Title
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