

**STATE OF ALABAMA
DOMESTIC LIMITED LIABILITY COMPANY (LLC)
AMENDED AND RESTATED CERTIFICATE OF FORMATION**

PURPOSE: In order to amend and restate the Certificate of Formation of a Limited Liability Company (LLC) under Section 10A-5A-2.02 of the *Code of Alabama 1975*, this Amended and Restated Certificate Of Formation and the appropriate filing fees must be filed with the Secretary of State's office. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with *Code of Alabama*, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC if they apply:

2. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **TO OBTAIN ID NUMBER,** go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

3. Date of filing Certificate of Formation: _____

4. The name of the Registered Agent (only one agent): _____

Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**):

Mailing address **in Alabama** of Registered Office (if different from street address):

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

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5. The following amendment/change effected in connection with this Restated of Certificate of Formation:

If Amended & Restated Certificate of Formation includes a name change, a copy of the **Name Reservation Certificate** issued by the Office of the Secretary of State **must be attached.**

6. The undersigned authorized signature certifies that the Amended & Restated Certificate of Formation has been approved in the manner required by Title 10A, Code of Alabama 1975 and the governing documents of this entity.

Date (MM/DD/YYYY)

Signature as required by 10A-5A-2.04

Typed name of above signature

Typed title (organizer or attorney-in-fact)

Additional organizers/attorney-in-facts may sign (add additional sheets if necessary).

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____ - _____ - _____
(ex: 000-000-000)

Service Requested: \$100.00 Amended and Restated filing fee

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder