



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- Filing Fee \$30
- Filing Fee with Expedited Service \$80

AMENDED CERTIFICATE OF FORMATION
LIMITED LIABILITY COMPANY
[RCW 25.15](#)

Please provide UBI # _____

ENTITY NAME:

NAME OF LIMITED LIABILITY COMPANY: (as currently recorded with the Office of the Secretary of State)

BUSINESS TYPE:

Are you changing your business type? Yes No (if no, continue to next section)

If yes, select the change being made:

WA PROFESSIONAL LIMITED LIABILITY COMPANY

ENTITY NAME CHANGE: Are you changing your business name? Yes No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved? Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: _____

DURATION: *Required only if changed* Please check **ONE** of the following

This Company shall have a perpetual duration This Company shall have a duration of _____ years.

This Company shall expire on _____

Has your registered agent changed? YES NO **If Yes, please be sure to complete page 2**

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

Individual

Entity

Office or Position

First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____

Email: _____

Registered Agent Street Address (required)
(Must be a physical address No PO Box or PMB)

Registered Agent Mailing Address (optional)
 Check if mailing address is the same as street address

Country: United States State: Washington

Country: United States State: Washington

Address : _____

Address : _____

Zip: _____ City: _____

Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent

Printed Name/Title

Date

PRINCIPAL OFFICE: *Required only if changed*

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: (optional) _____ Email: (optional) _____

Mailing Address (optional)

Check if mailing address is the same as street address.

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

GOVERNORS: *Required only if changed*

List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

EFFECTIVE DATE:

Date of filing Specify a Date _____ cannot be more than 90 days following received date

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address.

Attention to: _____

Email: _____

Address: _____

City _____ State _____ Zip _____

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Authorized Person

Printed Name/Title

Date