



Office of the Secretary of State  
Corporations & Charities Division

<u>Physical/Overnight address</u>	<u>Mailing Address</u>
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Olympia, WA 98501-1226	Olympia, WA 98504-0234
Tel: 360.725.0377	www.sos.wa.gov/corps

This Box For Office Use Only

- Filing Fee \$30**
- To Expedite Filing, Add \$50**

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

**All fields required unless otherwise specified**

**(1) UBI No.:** \_\_\_\_\_

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

**(3) BUSINESS TYPE:**

Are you changing your business type? (Check one)  Yes  No

If Yes, select the change being made:

**WA PROFESSIONAL LIMITED LIABILITY COMPANY** - By selecting this business type, you attest that each member personally engages in the practice of this profession, is duly licensed or otherwise legally authorized to practice said profession in Washington State.

**Does this Professional Limited Liability Company provide Dental Services?** (Check one)  Yes  No

**If Yes:** The name of a Professional Limited Liability Company organized to render dental services must contain the full names or surnames of all shareholders and no other word than "Chartered" or the words "Professional Services" or the abbreviation "P.L.L.C." or "PLLC"

**(4) BUSINESS NAME CHANGE:** Are you changing your business name? (Check one)  Yes  No

New Name: \_\_\_\_\_

**If designation is not provided, it will default to LLC**

Does the business have a name reserved? (Check one)  Yes  No

If Yes, provide the Name Reservation Number and Name

Reservation Number: \_\_\_\_\_

Reserved Name: \_\_\_\_\_

**(5) DURATION:** *Required only if changed* 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 \_\_\_\_\_

**(6) Has your registered agent changed? (Check one)  YES  NO** If Yes, complete page 2

**NEW REGISTERED AGENT:**

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**COMMERCIAL REGISTERED AGENT**

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one)  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

**The Commercial Registered Agent must sign the consent to serve below.**

If No, continue below

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**NON-COMMERCIAL REGISTERED AGENT**

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> <b>Individual:</b> _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Business:</b> _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> <b>Office or Position:</b> _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
<b>Registered Agent Street Address (required)</b> (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____	<b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____      City: _____

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**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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

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_____	_____	_____
<b>Signature of Registered Agent</b>	<b>Printed Name/Title</b>	<b>Date</b>

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**(7) 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: \_\_\_\_\_

**Mailing Address** *(optional)*

Check if mailing address is the same as street address

Address: \_\_\_\_\_  
\_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**(8) GOVERNOR(S):** *Required only if changed*

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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**(9) EFFECTIVE DATE OF THIS FILING:** Check ONE of the following

Date of filing  Specify a Date \_\_\_\_\_ (cannot be more than 90 days following received date)

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**(10) RETURN ADDRESS FOR THIS FILING:** *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**(11) POSTAL MAIL OPT-IN:** By checking the box the business and Registered Agent will not receive email notifications

The business wants to receive all notifications to the Registered Agent by postal mail

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**(12) AUTHORIZED PERSON:**

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

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