



**WASHINGTON**  
**Secretary of State**  
Corporations & Charities Division

**Mailing Address (ALL USPS):** PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: [www.sos.wa.gov/corporations-charities](http://www.sos.wa.gov/corporations-charities)

**THIS BOX FOR OFFICE USE ONLY**

☐ **Filing Fee \$30**

☐ **To Expedite Filing, Add \$100**

**AMENDED CERTIFICATE OF FORMATION**

Professional Limited Liability Company

[RCW 25.15](#) and [RCW 18.100](#)

**All fields are REQUIRED unless otherwise specified**

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

**(2) NAME OF PROFESSIONAL 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 LIMITED LIABILITY COMPANY**

*Additional requirements must be submitted if changing the business type, including a change to the name, see instructions for details.*

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

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

**If a designation is not provided, it will default to PLLC**

The name must contain the words "Professional Limited Liability Company", "Professional Limited Liability" and abbreviation "Co." or the abbreviation "P.L.L.C." or "PLLC". For name requirements review the following RCW(s): [RCW 23.95.305](#)

**Does the business have a name reserved?** (Check one) ☐ **Yes** ☐ **No** If Yes, provide the Reservation Number

Reservation No.: \_\_\_\_\_

**(5) PERIOD OF DURATION :** *Required only if changed* Check **ONE** of the following

☐ This Company shall have a perpetual duration (default) ☐ This Company shall have a duration of \_\_\_\_\_ years.

☐ This Company shall expire on \_\_\_\_\_

**(6) Has your registered agent or their contact details changed?** (Check one) ☐ **Yes** ☐ **No** If Yes, complete page 2

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**NEW REGISTERED AGENT: Required ONLY if question 6 was marked Yes**

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a Registered Agent in Washington State per [RCW 23.95.415](#)

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent*. The appointed agent must sign the **Consent to Serve** statement below.

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**COMMERCIAL REGISTERED AGENT**

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent 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 this office in advance and does not need to provide it with this submission.

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

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**NON-COMMERCIAL REGISTERED AGENT**

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

*If multiple types are listed the first type will be entered by this office*

- .....
- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
  - **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
  - **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

**Registered Agent:** \_\_\_\_\_

**Email (required):** \_\_\_\_\_

**Phone: (optional)** \_\_\_\_\_

Street Address: <i>(required)</i>	Mailing Address <i>(optional)</i>
Must be a physical address; No PO Box or PMB	<input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
_____	_____
Zip: _____ City: _____	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* The location where the business's records are kept

**Street Address** *(required)*

**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: \_\_\_\_\_

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**Email** *(required)*: \_\_\_\_\_

**Phone** *(optional)*: \_\_\_\_\_

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**(8) GOVERNOR(S):** *Required only if changed* A business cannot serve as its own Governor.

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

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

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

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

☐ Date of filing (default) this is the date that the submission is completed by our office

☐ Specify a date \_\_\_\_\_ (cannot be more than 90 days following the 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) 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**