WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
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www.sos.wa.gov/corporations

INSTRUCTIONS: AMENDED CERTIFICATE OF FORMATION OF A PROFESSIONAL LIMITED LIABILITY COMPANY RCW 25.15 AND 18.100

Purpose: Amended Certificate of Formation is used to record changes to the business entity's previously recorded certificate of formation or its most recently recorded amendment. Amendment filings are most commonly used to change to the business entity's name.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or you can file online at https://ccfs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above**.**

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the Amended Certificate of Formation is $30.00

Expedited Service: If expedited service is requested, an *additional* $100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Professional Limited Liability Company: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Business Type: Indicate by checking "Yes" or "No" if changing your business type. If "Yes", select the box "Limited Liability Company.

If the business type is changed to Limited Liability Company, the name **must** contain the words Limited Liability Company, or the abbreviations of LLC or L.L.C.

(4) Business Name Change: Provide the new name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

In accordance with the RCW 23.95.305, a Professional Limited Liability Company name must contain the designation Professional Limited Liability Company, the words Professional Limited Liability Co. or the abbreviation P.L.L.C. or PLLC. A Professional Limited Liability Company name **must** be distinguishable upon the records of the Secretary of State from any other business already registered with the Secretary of State's office. If the designation is omitted, it will default to PLLC when processed.

If the Professional Limited Liability Company is organized to render dental services, the name **must** contain the full names or surnames of all members and no other word than Chartered or the words Professional Services or the abbreviation P.L.L.C. or PLLC

(5) Period of Duration: If changed, select a period of duration. Only one selection will be accepted. Perpetual duration means "on-going" until the business is either administratively or voluntarily dissolved. A specified date or specified number of years, may be

selected. If a specified date or years is selected the business will be administratively dissolved as recorded in this section. If no selection is provided, it will default to perpetual.

(6) Registered Agent: If the Registered Agent has changed, indicate by selecting, "Yes" and provide new Registered Agent information.

Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
    - Select "Yes" or "No."
        - If "Yes," provide the name of the Commercial Registered Agent. An address is not required.
        - If "No," continue to Noncommercial Registered Agent.

- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
    - Identify the Registered Agent.
        - Individual: Write the individual's first and last name.
        - Business: Write the business' full name.
        - Office/Position: Write the office or position title held within the business such as President, Secretary, Treasurer, or Member.
    - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
    - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(7) Principal Office: If changed, enter the principal office address. This is the place where the business's records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State. The business phone number and email address is optional.

(8) Governors: List the current individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(9) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(10) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(11) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.

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See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: 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**

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.

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: _____

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: (*required*) **Must be a physical address; No PO Box or PMB**	**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 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.

_____	_____	_____
Signature of Registered Agent	**Printed Name/Title**	**Date**

(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: _____

Email ***(required)*****:** _____

Phone ***(optional)*****:** _____

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

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(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)

(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:** _____

(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**