

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name



Address

City

State

ZIP Code

EFFECTIVE DATE:

 Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office. 

**CERTIFICATE AMENDING APPLICATION FOR CERTIFICATE OF
AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN
For use by Foreign Limited Liability Companies**
(Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate:

1. The present name of the limited liability company is:

2. If the name in Item 1 was not available for use in Michigan, the assumed name adopted when obtaining the Certificate of Authority is:

3. The identification number assigned by the Bureau is:

4. It is organized under the laws of _____

5. The limited liability company was authorized to transact business in Michigan on the _____ day of _____, _____

6. The duration of the limited liability if other than perpetual is: _____

7. If the name of the limited liability company has changed, its new name is:

The effective date of the name change was the _____ day of _____, _____ and the name change was made in compliance with the laws of the jurisdiction of its organization.

8. Complete this item only if the new name in Item 7 is not available for use in Michigan. The assumed name of the limited liability company to be used in all its dealings with the Bureau and in the transaction of its business in Michigan is:

9. If the assumed name in Item 2 has changed, the new name is:

10. The address of the office required to be maintained in the jurisdiction of its organization or, if not so required, the principal office of the limited liability company is:

(Street Address) (City) (State) (ZIP Code)

11. a. The address of its registered office in Michigan is:

_____, Michigan _____
(Street Address) (City) (ZIP Code)

b. The mailing address of the registered office in Michigan if different than above:

_____, Michigan _____
(Street Address or PO Box) (City) (ZIP Code)

c. The name of the resident agent at the registered office is:

12. The Department is appointed the agent of the foreign limited liability company for service of process if no agent has been appointed, or if appointed, the agent's authority has been revoked, the agent has resigned, or the agent cannot be found or served through the exercise of reasonable diligence.

The name and address of a member or manager or other person to whom the administrator is to send copies of any process served on the administrator is: **(Must be different than agent shown in Item 11c)**

(Name)

(Street Address) (City) (State) (ZIP Code)

13. If the business the foreign limited liability company proposes to do in this State is to be enlarged, limited, or otherwise changed, the **specific** business which the limited liability company is to transact in Michigan is as follows:

The limited liability company is authorized to transact such business or conduct such affairs in the jurisdiction of its organization.

Signed this _____ day of _____, _____

By _____
(Signature)

(Type or Print Name)

(Type or Print Title)

Preparer's Name _____

Business telephone number (_____) _____

INFORMATION AND INSTRUCTIONS

1. The certificate amending the application for certificate of authority to transact business cannot be filed until this form, or a comparable document, is submitted.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Corporations, Securities & Commercial Licensing Bureau. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

3. This Certificate is to be used pursuant to section 1005 of Act 23, P.A. of 1993 by a foreign limited liability company having a Certificate of Authority to Transact Business in this State where the information contained in its original or last amended Application has changed. This amended Application must be filed promptly after the time the change becomes effective in the jurisdiction of its organization.
4. Item 3 - Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
5. Item 12 - The person must be different than agent shown in Item 11c.
6. Item 13 - This item should state only the specific activities to be conducted in Michigan. An all purpose activities statement is not permitted.
7. This Certificate must be signed by a person with authority to sign as provided in the laws of jurisdiction of its organization.
8. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include limited liability company name and identification number on check or money order.....**\$25.00**

Veterans: Pursuant to MCL 450.5101(7), if a majority of the membership interests in the foreign limited liability company responsible for paying the fee are held by 1 or more honorably discharged veterans of the armed forces of the United States, you may contact the Corporations Division regarding a fee waiver.

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs
Corporations, Securities & Commercial Licensing Bureau
Corporations Division
P.O. Box 30054
Lansing, MI 48909

To submit in person:

2501 Woodlake Circle
Okemos, MI
Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6470, or visit our website at <http://www.michigan.gov/corporations>
Customer with MICH-ELF Filer Account: Send document to (517) 636-6437

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Optional expedited service.

Expedited review and filing, if fileable, is available for all documents for profit corporations, limited liability companies, limited partnerships and nonprofit corporations.

The nonrefundable expedited service fee is in addition to the regular fees applicable to the specific document.

Please complete a separate CSCL/CD-272 form for expedited service for each document submitted in person, by mail or MICH-ELF.

24-hour service - \$50 for formation documents and applications for certificate of authority.

24-hour service - \$100 for any document concerning an existing entity.

Same day service

- **Same day - \$100 for formation documents and applications for certificate of authority.**
- **Same day - \$200 for any document concerning an existing entity.**

Review completed on day of receipt. Document and request for same day expedited service must be received by 1 p.m. EST OR EDT.

- **Two hour - \$500**

Review completed within two hours on day of receipt. Document and request for two hour expedited service must be received by 3 p.m. EST OR EDT.

- **One hour - \$1000**

Review completed within one hour on day of receipt. Document and request for 1 hour expedited service must be received by 4 p.m. EST OR EDT.

First time MICH-ELF user requesting expedited service must obtain a MICH-ELF filer number prior to submitting a document for expedited service. CSCL/CD-901.

Changes to information on MICH-ELF user's account must be submitted before requesting expedited service. CSCL/CD-901.

Documents submitted by mail are delivered to a remote location for receipts processing and are then forwarded to the Corporations Division for review. Day of receipt for mailed expedited service requests is the day the Corporations Division receives the request.