FILE ONE ORIGINAL

(Two if you want a filed stamped copy returned to you) FEE: \$25.00

> **** In accordance with the provisions of the WV Code, the undersigned limited liability company **** hereby applies for an Amended Certificate of Authority and submits the following statement:

- 1. Name under which the limited liability company was authorized to transact business in WV:
- 2. Date Certificate of Authority was issued in West Virginia:
- 3. Change of Name Information[†] or Text of Amendment: ([†]If changing business name, you must <u>attach one Certified</u> Copy of the Name Change as filed in the home State of original organization.)

Change of Name From:

To:_____

5.

Other amendment (Attach additional pages if necessary.):

4. **Contact information.** (This is optional, however, if there is a problem with the filing, listing a contact person and phone number may avoid having to return or reject the document.)

Contact Name	Phone Number
Business e-mail address:	
Signature information (See below * Important Lega	l Notice Regarding Signature):
Print Name of Signer:	Title/Capacity:
Signature:	Date:

*Important Legal Notice Regarding Signature: Per West Virginia Code §31B-2-209. Liability for false statement in filed record. If a record authorized or required to be filed under this chapter contains a false statement, one who suffers loss by reliance on the statement may recover damages for the loss from a person who signed the record or caused another to sign it on the person's behalf and knew the statement to be false at the time the record was signed.

Important Note: This form is a public document. Please **DO NOT** provide any personal identifiable information on this form such as social security number, bank account numbers, credit card numbers, tax identification or driver's license numbers.

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Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site <u>www.wvsos.gov</u>.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (*SEE FEES BELOW*).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

1 EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, see below)

Expedite Service	* <u>Fee</u>	EXPEDITED SERVICE requests may be submitted by:
24-Hour	\$ 25.00	- E-mail to <u>efilings@wvsos.gov</u>
2-Hour	\$250.00	- Fax
1-Hour	\$500.00	- Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply.

- E-mail to CorpFilings@wvsos.gov
- Fax
- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

STANDARD PROCESSING requests may be submitted by:

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS Standard and Expedited Filings

<u>Charleston Office</u> One-Stop Business Center	<u>Clarksburg Office</u> North Central WV Business Center	<u>Martinsburg Office</u> Eastern Panhandle Business Center
13 Kanawha Blvd. West	153 West Main Street	229 E. Martin Street
		-
Suite 201	Suite G- Third Floor	Martinsburg, WV 25401
Charleston, WV 25302	Clarksburg, WV 26301	Phone: (304) 356-2654
Phone: (304) 558-8000	Phone: (304) 367-2775	Fax: (304) 260-4360
Fax: (304) 558-8381	Fax: (304) 627-2243	Hours: Mon Fri. 9:00a - 5:00p EST
Hours: Mon Fri. 8:30a - 5:00p EST	Hours: MonFri. 9:00a - 5:00p EST	

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Customer Order Request	SUBMIT THIS COMPLETED FORM WITH YOUR FILING.
>> Tax Department filings inc	SUBMITTING - <u>Expedite service is NOT AVAILABLE for the following filings:</u> luding Sole Proprietorships, General Partnerships, and Associations of Corporation, Voluntary Association or Business Trust
Order Processing Requested*:	* * * Expedite Processing Requires Additional Fees * * *
	24-HOUR Expedite*** 2-HOUR Expedite 1-HOUR Expedite
(Avg. processing turnaround (addition	ional \$25.00 fee included) (additional \$250.00 fee included) (additional \$500.00 fee included)
5-10 business days)	Email to: eFilings@wvsos.gov
Email to: <u>CorpFilings@wvsos.gov</u>	ALL Requests for Copies of documents email to: <u>Copies@wvsos.gov</u>
**Standard Processing applications received by I	d and registered in the Secretary of State registration database. E-MAIL or FAX must include the e-Payment Authorization form with credit card information. Secretary of State office location requesting the filing be processed will be assessed a 24-HOUR
Name of Entity:	
Return filing to: (Return Address)	
Contact Name:	Phone:
Return Delivery Options: Email or Fax	options do not receive a copy via mail; must be ordered separately.
Email to:	Fax to:
Hold for Pick Up Mail to Return	n Address above FedEx: Acct #
Other (explain below):	UPS: Acct #
Order Description (include items being ordered	d and fee breakdown):

* **PLEASE NOTE:** Original paperwork is kept by this office. Include a copy of the original filing if you want a file stamped copy returned to you at no extra charge. <u>Certified copy requests</u> are an additional <u>\$15 per certified copy</u> being requested.

Total Amount:

Payment Method:

Check/Money Order	6	Credit Card	(Must attach e-Payment Authorization request form including payment information.)
 Cash (<u>Do Not</u> mail cash)	F	Pre-paid Acct	#: Attach signed pre-paid slip.

MAC WARNER Secretary of State State Capitol Building Charleston, WV 25305 Phone: (304) 558-6000 Website: www.sos.wv.gov

24-hour, 2-hour and 1-hour

Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR **EXPEDITE**" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.

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e-Payment Authorization	USE BLACK INK ONLY - DO NOT HIGHLIGHT This document contains confidential financial information and will be properly shredded after payment
	has been processed by this office. Electronic storage of payment information is only permitted by signed authorization below which may be retracted at any time by written request by the authorized party.
Service Type: Fax E-mail	Mail
D (card holder name and	billing address required below)
Card Type: Visa	Mastercard Discover American Express
Credit Card Number:	V Code*
 * 3-digit number on back of VISA, Mas 4-digit number on front right side of A 	
	nses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number his code will result in the rejection of your filing or service request.
Credit Card Expiration Date: Month:	Year:
	Amount to Charge Card: USD \$
Order Information (required)	
Entity Name:	
•	
Card Holder Information:	
Name as it appears on the account	
Billing Address	
City	State Zip Code
Telephone	Ext.
Payment Information Storage Autho	
	payment information for future payment transactions processed by Secretary of State:
X Authorized Signature	Date
Authorizeu Signature	
Payment Authorization (required)	
I authorize the Secretary of State to bill an am	ount not to exceed the following to be charged to the above listed account(s):
Х	Date
Authorized Signature	
	Not to Exceed Amount: USD \$