Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
◯ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◯ No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign)

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	**(2)** Foreign Limited Liability Company
☑ Amendment (129-LAM) ☐ Restatement (142-LRA) 1/1/2011 (Date of Organization)	☐ Correction *(135-LFC)* (Home State) (Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of WXYZ Services, LLC (Name) 1234567 (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☑ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

WXYZ Services, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is **(OPTIONAL)** :

100 Main Street
(street address) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus (city, township, or village) OH (state) 43201 (zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose **(OPTIONAL)**

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Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

John Doe
(Name)

100 Main Street
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

Columbus | **Ohio** | 43201
(City, village or township) *(State)* *(Zip Code)*

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,
B. the limited liability company fails to designate another agent when required to do so, or
C. the limited liability company's registration to do business in Ohio expires or is cancelled

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REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative | Date

John Doe
(Print Name)

Authorized Representative | Date

(Print Name)

Authorized Representative | Date

(Print Name)