

Little Traverse Bay Bands of Odawa Indians - Department of Commerce (DOC)

7500 Odawa Circle
Harbor Springs, MI 49740

Phone: (231) 242-1584
Email: DOC@ltbbodawa-nsn.gov

Certificate of Amendment to Articles of Organization
For Use by Limited Liability Companies (LLCs)

Pursuant to the provisions of WOS 2020-005 (Limited Liability Company Code), or its successor, the undersigned Limited Liability Company executes the following Certificate:

1. The present name of the LLC is: _____
2. Identification number assigned by the LTBB Department of Commerce: _____
**leave identification number blank if unknown.*
3. The date of filing of the original Articles of Organization was: _____
4. Article _____ of the Articles of Organization is hereby amended to read as follows (*attach additional sheets if necessary*):

Any document accepted by DOC shall be effective at the time of receipt unless a delayed effective date and/or time, not more than ninety (90) days after receipt by DOC, is specified here: _____.

Upon filing, a copy of this Certificate will be provided to you for your records. Please indicate how you wish to receive this copy (can select multiple options):

Email; Email address: _____

Mail; Mailing address: _____

Pick-up at DOC office: DOC will contact you when copy is ready for pickup.

This Certificate of Amendment **and \$5.00 filing fee** must be submitted to the LTBB Department of Commerce. Filing fee may be paid via cash, check, or money order (payable to LTBB Department of Commerce). **NOTE: \$5.00 filing fee is waived for Military Veterans.*

*This Certificate must be signed by a manager if management is vested in one or more managers, a member if management remains in the members, or by an authorized agent of the company. By signing below, the signer certifies that they are authorized to sign and file this document and that its contents are valid, true, and accurate.

Signature of Person Executing the Document	Date	Capacity in which this person signs <i>(i.e., member, manager, authorized agent)</i>
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Printed Name of Person Executing the Document	Contact Phone Number or Email
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