

LLC-11

**Certificate of Correction  
of a Limited Liability Company (LLC)**

To correct a previously filed limited liability company record, you can fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form.
- For information about expedited filing requests and current processing times, go to [www.sos.ca.gov/business-programs/business-entities/service-options](http://www.sos.ca.gov/business-programs/business-entities/service-options).
- To file this form, the status of your LLC must be active on the records of the California Secretary of State. To check the status of the LLC, go to [BusinessSearch.sos.ca.gov](http://BusinessSearch.sos.ca.gov).

This form can be used to correct an LLC record that was previously filed with the California Secretary of State if the record: (1) was filed pursuant to the California Revised Uniform LLC Act commencing with California Corporations Code section [17701.01](#); and (2) at the time of filing, contained inaccurate information or was defectively signed.

**Note:** This form may not indicate a delayed effective date.

This Space For Office Use Only

① **LLC's Exact Name** (on file with CA Secretary of State)

[Empty box for LLC's Exact Name]

② **LLC File No.** (issued by CA Secretary of State)

[Empty box for LLC File No.]

**Title of Document Being Corrected**

③ \_\_\_\_\_

**Parties to the Document Being Corrected** (List the name of each party to the document being corrected.)

④ \_\_\_\_\_

**File Date of Document Being Corrected** (MM, DD, YYYY)

⑤ \_\_\_\_\_

**Document Provision** (Item 6: List the inaccurate information and the reason it is inaccurate or the manner in which the signing was defective. Item 7: List the corrected information or correct signature.)

⑥ \_\_\_\_\_

\_\_\_\_\_

⑦ \_\_\_\_\_

\_\_\_\_\_

**Read and sign below:** This form must be signed in the same manner in which the document being corrected was required to be signed. If the signing person is a trust or another entity, go to [www.sos.ca.gov/business-programs/business-entities/filing-tips](http://www.sos.ca.gov/business-programs/business-entities/filing-tips) for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

▶ \_\_\_\_\_  
*Sign here*

\_\_\_\_\_ *Print your name here*

\_\_\_\_\_ *Your business title*

Make check/money order payable to: **Secretary of State**  
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

**By Mail**  
Secretary of State  
Business Entities, P.O. Box 944228  
Sacramento, CA 94244-2800

**Drop-Off**  
Secretary of State  
1500 11th Street, 3rd Floor  
Sacramento, CA 95814



# Mail Submission Cover Sheet

### Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-times](http://www.sos.ca.gov/business/be/processing-times).

### Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

### Contact Person: (Please type or print legibly)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

### Entity Information: (Please type or print legibly)

Name: \_\_\_\_\_

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return Address:** For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [ \_\_\_\_\_ ]

Company:

Address:

City/State/Zip: [ \_\_\_\_\_ ]

| Secretary of State Use Only |    |
|-----------------------------|----|
| T/TR:                       |    |
| AMT REC'D:                  | \$ |