

LLC-6

Amendment to Registration of a Foreign Limited Liability Company (LLC)

To change the name of record for your registered foreign LLC, fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A certificate by the agency where the LLC was formed, certifying that the name was changed in that state, country or other place, also must be included if that name has changed.
- A separate, non-refundable **\$15** service fee also must be included, if you **drop off** the completed form.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business-programs/business-entities/statements.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business-programs/business-entities/filing-tips

① **LLC Name Used In California** (on file with CA Secretary of State)

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

New LLC Name to be used for this LLC in California

③ If changed, list the LLC name **now** in the state, country or other place of the LLC's formation:

LLC Name

④ List an alternate name to be used in California if: **(1)** the LLC name in Item 3 does not comply with California naming requirements or **(2)** you only are filing this form to change an existing alternate name. List the alternate name exactly as it is to appear on the records of the California Secretary of State. The alternate name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. (California Corporations Code section 17701.08.) Go to www.sos.ca.gov/business-programs/business-entities/name-availability for general name requirements & restrictions:

Alternate Name

Existing Alternate LLC Name

⑤ Check this box if you completed Item 3 above, and if applicable. If you check this box, do not complete Item 4 above.

This LLC registered in California **before** January 1, 2014; currently transacts intrastate business in California under the alternate name listed in Item 1 above; and upon this filing, will continue to transact intrastate business in California under the alternate name listed in Item 1 above.

⑥ Check this box if applicable. If you check this box, do not complete Item 4 above. Note: If this LLC registered in California after December 31, 2013, and the LLC name **now** used in the state, country or other place of the LLC's formation complies with California Corporations Code section 17701.08, you must check this box to relinquish the alternate name.

The alternate name under which this LLC currently transacts intrastate business in California will no longer be used. Upon this filing, this LLC will transact intrastate business in California under the LLC name **now** used in the state, country or other place of the LLC's formation.

Read and sign below:

I am authorized to sign this document under the laws of the state, country or other place where this LLC was formed.

▶ _____
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 94244-2280

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.

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:	\$