

West Virginia Secretary of State  
1900 Kanawha Blvd E  
Bldg 1, Suite 157-K  
Charleston, WV 25305



Penney Barker, Manager  
Corporations Division  
Tel: (304)558-8000  
Fax: (304)558-8381  
Website: [www.wvsos.com](http://www.wvsos.com)  
E-mail: [business@wvsos.com](mailto:business@wvsos.com)

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

**WV APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY OF A  
LIMITED LIABILITY COMPANY**

Office Hrs: Monday – Friday  
8:30 a.m. – 5:00 p.m. ET

**\*\*\*\* 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 **attach one Certified Copy of the Name Change as filed in the home State of original organization.**)

**Change of Name From:** \_\_\_\_\_

**To:** \_\_\_\_\_

Name the organization elects to use in WV: \_\_\_\_\_  
(Due to home State name not being available)

**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: \_\_\_\_\_

5. **Signature information** (See below **\*Important Legal 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.