

Diego Morales SECRETARY OF STATE **BUSINESS SERVICES DIVISION**

302 West Washington Street, Room E018 Indianapolis, IN 46204 Telephone: (317) 234-9768

INSTRUCTIONS:

- 1. Use 8½" x 11" white paper for attachments.
- Please <u>TYPE</u> or <u>PRINT LEGIBLY</u> in <u>INK</u>. Print all forms single sided.
 For additional forms please visit <u>in.gov/sos/business/division-forms</u>
- 4. Make check or money order payable to the Secretary of State.
- 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business		
E-mail address of business (SOS use only)		
RETURN DOCUMENTS TO:		
Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number	E-mail address (If different from above – SOS u	se only)
()		



Indiana Code 23-18-2-5 23-0.5-9-20

FILING FEE: \$30.00

The undersigned Master Limited Liability Company (hereinafter referred to as the "Master LLC") existing pursuant to the provisions of the Indiana Business Flexibility Act, as amended, and Indiana Code 23-18.1 (hereinafter referred to as the "Acts"), desiring to give notice of action effectuating amendment of certain provisions of its Articles of Organization, certifies the following facts:

ARTICLE I – AMENDMENT(S)									
SECTION 1: Th	he name of the Master Lim		(5)						
SECTION 2: The	he date of organization of	he Master Limited Liability Company is (n	nonth, day, year):						
SECTION 3: The name of the Master Limited Liability Company following this amendment to the Articles of Organization is: (Please note that in order to amend the name of the Master LLC, you must also amend the name of each associated Series. The Articles of Amendment changing the name of the Master and the Articles of Designation amending the name of every Series must be submitted to the Secretary of State's office together.)									
SECTION 4:									
The exact to	ext of Article(s)			of the Articles of O	rganization	is now as follows:			
		ARTI	CLE II						
Date of each amen	dment's adoption (month,		,						
		ARTICLE III – REGISTERE	D AGENT INFORM	ATION					
To determine if	vour Registered Agei	nt is a Commercial Registered Age							
Provide either commercial registered agent or noncommercial registered agent information below. Name of registered agent (Do not provide address.)									
Commercial r	registered agent								
OR									
Noncommercial registered agent Name of registered agent									
Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.) City State ZIP code									
Address (Hamber a	nia street) (A F.O. Box is i	ot acceptable unless accompanied by a N	urai Noute number.)	City	IN	ZIF Code			
(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process									
By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Amendment has consented to the									
appointmen	t of Registered Agent.								
		ARTICLE IV - COMPLIANCE V	VITH LEGAL REQU	IREMENTS					
The manner of the adoption of the Articles of Amendment constitutes full legal compliance with the provisions of the Acts, and the Articles of Organization.									
I hereby verify, subject to penalties of perjury, that the statements contained herein are true,									
	of	, 20							
Signature									
Printed name			Title						