



ARTICLES OF DESIGNATION

State Form 56271 (R / 8-17)
Approved by State Board of Accounts, 2017

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office at www.sos.IN.gov
 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.

PLEASE NOTE: Articles of Designation can only be used to form, amend, or dissolve one Series.
A separate form must be submitted for each individual Series.

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 use only)	





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Indiana Code 23-18.1
23-0.5-9-25

FILING FEE: \$30.00

ARTICLES OF DESIGNATION

The undersigned, desiring to form, amend, or dissolve a Series pursuant to the provisions of Indiana Code 23-18.1, executes the following Articles of Designation.

ARTICLE I – EFFECT OF FILING ARTICLES OF DESIGNATION

By filing these Articles of Designation, the Series is *(select one)*:

☐ Formed

☐ Amended

☐ Dissolved

ARTICLE II – FORMATION *(Complete this section if you selected "Formed" in Article I.)*

Name of Master LLC under which the Series will be formed

Name of Series *

** The name of the Series must include the entire legal name of the Master LLC, or in the case of a foreign LLC that has adopted a fictitious name; the entire fictitious name under which the foreign Master LLC has been admitted to transact business in Indiana. The word "Series" must also be included.*

Management

The Series will be managed by its manager or managers.

☐ Yes

☐ No

☐ The Series will be a single member LLC *(optional)*.

Business address *(optional)* *(number and street)*

City

State

ZIP code

ARTICLE III – AMENDMENT *(Complete this section if you selected "Amended" in Article I.)*

If the Series being amended is a Foreign Series, please provide an updated Certificate of Existence issued by the proper authority within the last sixty (60) days.

Name of Series being amended

Date that the Articles of Designation forming the Series were filed *(month, day, year)*

1. The Series desires to change its name to the following: _____
(Please note that Articles of Designation amending the name of a Series cannot be used to change the name of the Master LLC. Articles of Amendment changing the name of the Master LLC and the Articles of Designation amending the name for every series must be submitted to the Secretary of State's office together.)

2. The Series desires to changes its management to the following:

The Series will be managed by its manager or managers.

☐ Yes

☐ No

☐ The Series will be a single member LLC *(optional)*.

3. The Series desires to change its business address to the following:

Business address *(number and street)*

City

State

ZIP code

4. The Foreign Series has converted the entity type to a foreign: _____
(new entity type)
(Please note that a Domestic Series cannot use Articles of Designation - Amendment) to change its entity type.)

Note: *If a Foreign Series is using this form to change its entity type, it must also provide all of the information required by the new entity type as if it were registering with the Secretary of State's office for the first time. Please attach additional paperwork containing this information.*

ARTICLE IV – DISSOLUTION *(Complete this section if you selected "Dissolved" in Article I.)*

Name of Series being dissolved

Date that the Articles of Designation forming the Series were filed *(month, day, year)*

Date dissolution occurred *(month, day, year)*

ARTICLE V – SIGNATURE

In witness whereof, the undersigned executes these Articles of Designation, and verifies subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name