

**SERVICO, INC**  
PO BOX 871  
ALBANY, NY 12201  
PHONE 518-463-4179 FAX 518-463-3752

**WORKSHEET FOR PREPARATION/FILING LIMITED LIABILITY COMPANY AMENDMENT**

CURRENT NAME OF LLC:

\_\_\_\_\_

ORIGINAL NAME (If name was previously amended)

\_\_\_\_\_

DATE OF FORMATION: \_\_\_\_\_

CHANGES TO BE MADE: (Be Specific, and specify paragraph number of the item being amended)

Paragraph \_\_\_\_\_ LLC NAME changed to:

Paragraph \_\_\_\_\_ Management provisions changed to:

Paragraph \_\_\_\_\_ to amend another provision:

\_\_\_\_\_

(if **ONLY** County Location and/or Service of Process address is changing, **Place Order as Certificate of Change**)

NAME AND TITLE OF PERSON AUTHORIZING AMENDMENT (member, manager, or authorized person)

\_\_\_\_\_

FEES:

Servico, Prepare & File certificate	\$75.00
Servico, Administrative Handling	\$ 5.00
NYS Dept of State filing fee	\$85.00(rush) or /\$60.00(routine)
<b>TOTAL:</b>	<b>\$165.00 (RUSH) or \$140.00 (ROUTINE)</b>

IF KIT PARTS ARE REQUIRED PLEASE ADD \$65.87 TO THE ABOVE FEE  
ORDER KIT PARTS? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Your Firm: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Your Phone #: \_\_\_\_\_ Your Fax #: \_\_\_\_\_

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) \_\_\_\_\_

Card # \_\_\_\_\_ Expires \_\_\_\_\_ IN THE AMOUNT OF \*\*

Print Name of Card Holder: \_\_\_\_\_

Print Complete Billing Address on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

\*\* Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.