To file electronically:

 Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)
Click the "Add Attachments" button to add attachments if required (Check the field by field instructions to see if you must include an attachment(s)).
After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. (This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the

application and follow the instructions for submitting your form and payment online.)

A limited Liability Company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 42:2C, the Revised Uniform New Jersey Limited Liability Company Act.

Name of Limited Liability Company:

1. Business ID Number:

2. The Certificate of Formation is amended as follows (provide attachments if needed):

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature:	Title:
Name:	Date:

# Instructions for Form L-102 CERTIFICATE OF AMENDMENT LIMITED LIABILITY COMPANIES (DOMESTIC AND FOREIGN) NJSA 42:2C-19

### STATUTORY FEE: \$100

#### **Business Name:**

List the name as it appears on the records of the State Treasurer.

#### Field #1 -- ID Number:

List the ten-digit ID as is appears on the records of the State Treasurer.

## Field #2 -- Amendment:

Provide details of any other amendment to the Certificate of Formation.

# EXECUTION (Signature/Date)

An authorized representative must sign and date the form.

\*\*\*\*\*\*