

For Office Use Offig				
D Number:				
VO Number:				
-iled:	By:			

FEE:

Corporation or cooperative association: \$20
Limited liability company: \$50
Limited liability partnership: \$25

Limited partnership or

limited liability limited partnership: \$40

Name of the organization as filed with the Secretary of State	2. Federal ID Number
3. Document to be corrected	
Date document filed with the Secretary of State	
5. Inaccuracy, error, or defect to be corrected	
6. Corrected portion of the document is as follows	

The following statement of correction is being filed for a cooperative association, corporation, limited liability company, limited partnership, limited liability partnership, limited partnership, or for a similar foreign organization.

- 7. "I (We), the undersigned, make the following statements:
 - · This correction statement does not revoke or nullify the original document.
 - · I (We) am (are) the person(s) that signed the original document with the Secretary of State, or am (are) authorized to sign on behalf of the person(s).
 - I (We) authorize the Secretary of State to correct numbers 1 and 4 if not correctly reflected.
 - · I (We) understand that if I (wé) make a false statement in this document, I (we) may be subject to criminal penalties."

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
8. Name of person to contact about this document	Email Address	Daytime Telephone Number

CREDIT CARD PAYMENT AUTHOR SECRETARY OF STATE SFN 51478 (01-2016)	RIZATION		Amount .
Name			Telephone Number
Address	City	State	ZIP Code
Card Type Visa MasterCard Discover	American Exp	ress	Signature (required by credit card companies)
Account Number	CSC Number* Card Expire	es (MMYY)	Date

^{*}Three-digit (Visa, MasterCard, or Discover) or four-digit (American Express) security code