New Mexico Secr	etary of State					
Business Services Division						
325 Don Gaspar, Suite Santa Fe, NM 87501	300					
1-800-477-3632 www	.sos.state.nm.us					
T D D D D D D D D D D	Limited Liak	bility Company				
Type or Print Legibly \$50 Filing Fee	Restated Article	es of Organization				
The undersigned, limited liability company, under the New Mexico Limited Liability Company Act, adopts the follow-						
ing Restated Articles of Organi		sede the original Articles of Organization and any amend- s thereto:				
Article One: The current name a	nd business ID number	of the company is:				
The name is being changed to:						
(must contain 'limited liability company		abbreviation of such words)				
The Articles of Organization were	e initially filed on:					
The date of any previous amend	ments:					
Email Address:		Phone Number:				
Article Two: The purpose for wh	nich the company is orga	anized: (Please list a specific purpose for which the compa-				
ny is organized i.e. the type of ac	tivities conducted or ser	rvices performed.)				
Article Three: The period of dur	ation is:					
Perpetual <u>OR</u>	Specific Date o	r Number of Years				
Article Four:						
	and in					
(1) The name of the registered a	igent is:					
Individual First and Last Name	<u>OR</u>	Registered Corporation or LLC Name and Business ID #				
(2) The New Mexico street addr	ess of the initial register	ed agent is: (must be a valid physical address)				
	5					
City	State	Zip code				
(3) The New Mexico mailing add	ress of the initial registe	red agent is:				
	-					

(4) The principal place of business of the company is: (must be a physical address)

City	State		Zip code	
(5) The mailing addr				
City	State		Zip code	
Article Five: The ma	nagement of the business and affair	s of company is vested in	a manager(s)	
	Yes	No		
If yes, the name and	address of each manager: (optional)			
Name	Address	City	State	Zip code
Article Six: The limit	ed lability company is a single meml	ber limited liability comp	any:	
	Yes	No		
The name and addre	ess of each member: (optional)			
Name	Address	City	State	Zip code
Article Seven: The n	ame and address of each organizer			
Name	Address	City	State	Zip code
Executed Date:		F	uture Effective Da	ate: (optional)
		_		
	Signature of Member	Printed N	ame	

Statement of Acceptance of Appointment by

Designated Successor Registered Agent

If the Registered Agent listed on Article Five is an individual, complete **box one**.

If the Registered Agent listed on Article Five is a corporation or LLC, complete **box two**.

Please Note: the limited Liability company filing these articles cannot be listed as their own registered agent.

Box One - Individual as Registered Agent	
I,	
(Registered Agent's Printed Name)	
the undersigned individual, hereby accept the appointment as initial registered agent of	
(Company's Name)	,
the Limited Liability Company which is named in the Restated Articles of Organization.	
(Registered Agent's Signature)	

Box Two - Corporation or LLC as Registered Agent					
I,					
(Authorized Person's Printed Name and Title)					
the undersigned individual on behalf of,					
(Registered Agent Corporate/ Company Name)					
hereby accept the appointment as initial registered agent of					
(Company's Name)					
the Limited Liability Company which is named in the Restated Articles of Organization.					
(Authorized Person's Signature)					



New Mexico Secretary of State Business Services Division

325 Don Gaspar, Suite 300 Santa Fe, NM 87501 1-800-477-3632 www.sos.state.nm.us

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