

Business Program
Colorado Secretary of State
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Amended and Restated Articles of Organization

Filed pursuant to o §7-90-301, et seq. and §7-90-304.5 of the Colorado Revised Statutes (C.R.S.)

Section 1 – ID number and entity name
For the entity, its ID number and entity name are
ID number:
Entity name:
Section 2 – New entity name (if applicable)
The new entity name is:
Section 3 – Attachments (if applicable)
The amended and restated constituent filed document is attached.
Section 4 – Delayed effective date (if applicable)
The delayed effective date and/or time (mm/dd/yyyy hour:minute am/pm) of this document is (if applicable):
Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date
has significant legal consequences. If you don't enter a specific time, the filing will take effect at 11:59 PM. Times are MST/MDT.

Section 5 – Notice of perjury

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.



Section 6 – Filer's information The true name and mailing address of the

The true hame and maining add	iress of the individual caus	sing the document to be def	ivered for filling are.
Last name	First name	Middle	Suffix
Address 1			
Address 2			
City	State	ZIP code	
Province (if applicable)	Country	C	
		marking the box and included g	

Section 7 – Disclaimer

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet.

Questions should be addressed to the user's legal, business or tax advisor(s).

