

For Office Use Only				
ID Number:				
WO Number:				
Filed:	Ву:			

FEE:

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

• Limited partnership or

limited liability limited partnership: \$40

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.

1. Name of the organization as filed with the Secretary of Sta	2. Federal ID Number							
3. Document to be corrected								
4. 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								
 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 (we) 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						

CRUAT SE V	CREDIT CARD PAYMENT AUTHORIZATION
	SECRETARY OF STATE
OF NORTH DE	SFN 51478 (01-2016)

SEC	RETARY OF STATE					
SECRETARY OF STATE SFN 51478 (01-2016)				Amount		
Name						Telephone Number
Address			City		State	ZIP Code
Card Type						Signature (required by credit card companies)
☐ Visa		Discover	American Express			
Account Number			CSC Number*	Card Expire	s (MMYY)	Date
				•		

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