**CT 53-05**  
**Limited Liability Company Certificate of Correction**

**CONTACT:** Kansas Office of the Secretary of State  
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
kssos@sos.ks.gov  
www.sos.ks.gov

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**INSTRUCTIONS:** All information must be completed or this document will not be accepted for filing.  
*Please read instructions before completing.*

1. **Business entity ID number:**  
   *This is not the Federal Employer ID Number (FEIN)*

2. **Name of the limited liability company:**  
   *Name must match the name on record with the Secretary of State*

3. **State of organization:**

4. **Specify the document and the inaccuracy that is to be corrected:**

5. **Set forth the portion of the document in its corrected form:**

6. **I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.**
   
   **Signature of authorized person**  
   **Date (month, day, year)**

   **Name of signer (printed or typed)**

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**Instructions:**

- □ 1. Submit this form with the $35 filing fee.

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**NOTICE:** There is a $25 service fee for all checks returned by your financial institution.  
All information must be completed or this document will not be accepted for filing.

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Rev. 12/27/10 jdr

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