

# Statement of Designation Change of a Virginia Protected Series by a Virginia Series Limited Liability Company Instructions

Filing Requirements									
<b>Required Fees</b>	<b>Filing Fee: \$25.00</b>								
File Online Today	Paper Filing								
<p>Visit <a href="https://cis.scc.virginia.gov">https://cis.scc.virginia.gov</a> to file a statement of designation change by a Virginia Series Limited Liability Company in real time.</p> <p><b>Questions?</b></p> <p>Visit the CIS help page at <a href="https://scc.virginia.gov/pages/CIS-Help">https://scc.virginia.gov/pages/CIS-Help</a> for how-to guides, answers to frequently asked questions, and helpful videos.</p> <p>Pay online with a credit card or eCheck. No additional processing fees apply for filing online.</p>	<p>Download from <a href="https://scc.virginia.gov/pages/Virginia-Limited-Liability-Companies">https://scc.virginia.gov/pages/Virginia-Limited-Liability-Companies</a> complete, print, and mail or deliver to below address:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>State Corporation Commission</b></td> <td style="width: 40%;"><b>Courier Delivery Address</b></td> </tr> <tr> <td>Clerk's Office</td> <td>1300 E. Main St, 1<sup>st</sup> floor</td> </tr> <tr> <td>P.O. Box 1197</td> <td>Richmond, VA 23219</td> </tr> <tr> <td>Richmond, VA 23218-1197</td> <td></td> </tr> </table> <p>Include a check payable to State Corporation Commission. <b>DO NOT SEND CASH.</b></p>	<b>State Corporation Commission</b>	<b>Courier Delivery Address</b>	Clerk's Office	1300 E. Main St, 1 <sup>st</sup> floor	P.O. Box 1197	Richmond, VA 23219	Richmond, VA 23218-1197	
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P.O. Box 1197	Richmond, VA 23219								
Richmond, VA 23218-1197									

## Specific Instructions

### I Series Limited Liability Company Name

Insert the name of the series limited liability company that established the protected series. If this statement of designation change is being submitted together with a name change for the series limited liability company (parent), insert the new name of the series LLC.

### II Protected Series Name

Insert the current name of the protected series to which the designation change will apply.

### III Statement of Designation Change

Provide the text of each change to the statement of protected series designation. If the name of the protected series is changing, it must begin with the name of the series limited liability company in I and contain the phrase "protected series" or the abbreviation PS or P.S. Changes to the principal office address must be done by filing form LLC1018.1, *Statement of Change of Principal Office Address*.

### IV Approval

A series limited liability company may amend a statement of a protected series designation that has not been canceled. For an amendment to a statement of protected series designation to be adopted, the amendment shall be approved by the affirmative vote or consent of all members.

### Signature

The statement must be signed by a manager or other person who has been delegated the right and power to manage the business and affairs of the limited liability company, or if no managers or such other persons have been selected, by any member of the limited liability company. The person signing the statement must print his or her name and the capacity in which he or she is signing (e.g., manager or member) beneath or opposite his or her signature. A person signing on behalf of a manager or member that is a business entity must set forth the business entity's name and its title with the limited liability company, the individual's printed name, and the capacity in which he or she is signing on behalf of the business entity.

Providing an entity phone number or email address allows for quicker communication if there is an issue with the filing.

## Important Information

If a series LLC has more than one protected series that needs to be amended, a separate Statement of Designation Change must be filed for each protected series.

The statement must be in the English language, printed in black, using the following guidelines:

- use solid white paper
- one-sided
- size 8 1/2" x 11"
- no visible watermarks or background logos
- minimum 1.25" top margin and 0.75" all other sides

**Do not include personally identifiable information**, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).



Form  
**LLC1095E**  
(Eff. 07/21)

State Corporation Commission

**Statement of Designation Change  
of a Virginia Protected Series by a  
Virginia Series Limited Liability  
Company**

Pursuant to § 13.1-1095 E of the Code of Virginia, the undersigned, on behalf of the series limited liability company named below, states as follows:

**I** The name of the series limited liability company is

\_\_\_\_\_

\_\_\_\_\_

SCC ID No. (optional) \_\_\_\_\_

**II** The name of the protected series to which the designation change applies is

\_\_\_\_\_

\_\_\_\_\_

SCC ID No. (optional) \_\_\_\_\_

**III** The following change(s) is(are) made to the statement of protected series designation:

\_\_\_\_\_

\_\_\_\_\_

(Note: If the name of the protected series is changing, it must begin with the name of the limited liability company in I and contain the phrase "protected series" or the abbreviation PS or P.S. Changes to the principal office address must be done by filing form LLC1018.1, *Statement of Change of Principal Office Address*.)

**IV** The amendment was approved by the affirmative vote or consent of all members of the series limited liability company.

**Signature**

*The person signing this document has been delegated the right and power to manage the series limited liability company's business affairs and affirms the above statements are true.*

Signature	Printed Name	Title	Date	Tel. # (optional)	Email Address (optional)

**Business Tel. # (optional)**

**Business Email Address (optional)**

**Required Fee: \$25.00**