



FORM **521-A-I** **Foreign Limited Liability Company**  
**Application for Amended Certificate of Registration**  
**INFORMATION AND INSTRUCTIONS**

This form is required to file an application for an amended certificate of registration for a foreign limited liability company ("LLC"), unless you file online. Please note that this form contains only the minimal information required by [s. 183.1006 Wis. Stats.](#), and may not meet every LLC's needs. Department staff cannot provide legal advice regarding this matter.

Upon receipt of this document, the department shall stamp or otherwise endorse the date of receipt on the original. The department may return an acknowledgement copy as confirmation of the date of receipt.

INSTRUCTIONS:

1. Enter the name that you are currently registered under as a Foreign Limited Liability Company in Wisconsin.
2. Legal name of the Foreign Limited Liability Company under which you are currently registered in your home jurisdiction.

If the company's name does not satisfy [s. 183.0103\(1\)](#) and [\(2\)](#), Wis. Stats., the foreign limited liability company must obtain a certificate of registration to transact business in Wisconsin under a fictitious name that is available and that satisfies s. 183.0103(1) and (2). You can check to see if your name is available here: [www.wdfi.org](http://www.wdfi.org) ([Name Availability search](#)), if you find your legal name is not available you must enter a fictitious name.

3. Enter the state or other jurisdiction under whose laws you are organized.
4. Enter the date of organization in the above state or other jurisdiction under whose laws you are organized.
5. Enter the street address of its registered office in Wisconsin.
6. Enter the name of its registered agent in Wisconsin. The registered agent shall be any of the following:

INDIVIDUALS: An individual who resides in the State of Wisconsin and whose business office is identical with the registered office.

DOMESTIC ENTITIES: A domestic corporation, domestic limited liability company or a nonstock, nonprofit corporation, incorporated, or organized in the State of Wisconsin, whose business office is identical with the registered office.

FOREIGN ENTITIES: A foreign corporation or a foreign limited liability company authorized to transact business in the State of Wisconsin, whose business office is identical with the registered office.

7. Enter the street address of office:

Required to be maintained in the state or other jurisdiction of the organization by the laws of that state or jurisdiction or, if no office is required, its principal office. Ref. [s. 183.1004\(6\)](#)

8. Management of the foreign limited liability company is vested in one or more managers. Please check yes or no.
9. A statement that the applicant is a foreign limited liability company. Please check yes or no.





State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

10. Enter the date the application for certificate of registration was executed, and check the appropriate box to identify the person who executed this document. This document shall be executed by a manager, if management of the limited liability company is vested in a manager or managers, or any member, if management of the limited liability company is reserved to the members. The person executing the document shall sign it and state the capacity in which the person signs. The person executing the document may do so as an attorney-in-fact. Powers of attorney relating to the execution of the document do not need to be shown to or filed with the department.

OPTIONAL INFORMATION:

11. *Delayed Effective Date, If applicable:*

Subject to the conditions set forth in [s. 183.0110](#) and [183.0111 Wis. Stats.](#), a document filed by the department under Ch. 183 is effective on the date it is received by the department for filing, unless a delayed (future) effective date is declared in the document. To name a delayed effective date, enter the future effective date on the appropriate space on the form. The delayed effective date may not be more than 90 days after the date the document is received by the department.

12. Enter your contact information, so we may send you an acknowledgement of this filing. You may optionally include an email address and a phone number where we may reach you for questions.

**NONREFUNDABLE FILING FEE:** Make total remittance payable to the [Department of Financial Institutions](#). *Optional expedited service:* The nonrefundable expedited service fee of **\$25.00** is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner.

*This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.*

**Mailing Address:**

State of WI – Dept. of Financial Institutions  
Box 93348  
Milwaukee WI 53293-0348

**Physical Address for Express Mail/Courier**

Department of Financial Institutions  
Division of Corporate & Consumer Services  
4822 Madison Yards Way, North Tower  
Madison WI 53705

