

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP (LLLP)  
RESTATED CERTIFICATE OF FORMATION**

PURPOSE: In order to integrate into a single instrument all of the provisions of its Certificate of Formation which are then in effect and operative and at the same time further amend its Certificate under Section 10A-9A-2.02(g) of the Code of Alabama 1975 this Restated Certificate of Formation may be filed.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

**This form must be typed.**

1. The name of the Limited Liability Limited Partnership (must contain the phrase Limited Liability Limited Partnership, or the abbreviation LLLP, L.L.L.P., and comply with Code of Alabama Title 10A-1-5.05(c):

\_\_\_\_\_

2. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_ TO OBTAIN ID NUMBER Go to our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

3. Name of the Registered Agent (only one agent): \_\_\_\_\_

Street (**No PO Boxes**) address of Registered office (**must be located in Alabama**):

\_\_\_\_\_

**COUNTY** of above address: \_\_\_\_\_

Mailing address **in Alabama** of Registered office (if different from street address):

\_\_\_\_\_

4. This Partnership is a Limited Liability Limited Partnership and was organized for the following purpose(s):

\_\_\_\_\_

Add attachment if more space is necessary to describe the purpose or purposes.

This form was prepared by: (type name and full address)

**(For SOS Office Use Only)**

**DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP RESTATED CERTIFICATE OF FORMATION**

5. The following amendment/change effected in connection with this Restated of Certificate of Formation:

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If Amended & Restated Certificate of Formation includes a name change, a copy of the Name Reservation form issued by the Office of the Secretary of State **must** be attached.

6. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use page 2 of this document to provide this information and duplicate the blank form as necessary to include all general partners. The signatures are required pursuant to Section 10A-9A-2.03(5).

7. This Restated Certificate of Formation consolidates all amendments into one single document.

**Must be signed by all General Partners**

The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

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Mailing address (if different): \_\_\_\_\_

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\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of General Partner

The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

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Mailing address (if different): \_\_\_\_\_

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\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of General Partner

**Additional partners must sign (attach listing if necessary).**

**Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet:** If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or filing will be returned without review.**

Entity Name: \_\_\_\_\_

AL Entity ID #, required for all filings other than formation/registration: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested:  \$100.00 Amended and Restated filing fee

Hold at Front Desk for Pick-up by: \_\_\_\_\_

**There is no notification service/call for pick-up.** (Service providers who run couriers for pick-up)

**Choose one of the following:**

\_\_\_\_\_ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

\_\_\_\_\_ Charge fees to prepaid account: Account Number \_\_\_\_\_  
and Account Name \_\_\_\_\_

\_\_\_\_\_  
Typed Name & Signature of Authorized Individual on Account

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Card Number: \_\_\_\_\_ Expiration Mo/Yr.: \_\_\_\_/\_\_\_\_ (MM/YY)

Card Holder Name: \_\_\_\_\_

Complete Billing Address: \_\_\_\_\_  
Street or PO

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**