

STATE OF ALABAMA

**DOMESTIC LIMITED PARTNERSHIP (LP)
AMENDMENT OF CERTIFICATE OF LP**

PURPOSE: In order to amend a Certificate of Formation to reflect changes to the Limited Partnership under Section 10A-9A-2.02 of the Code of Alabama 1975 this Amendment along with any necessary attachments and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the Certificate of Formation was originally filed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed Amendment along with any necessary attachments and the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's original Certificate of Formation was filed. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$50.00 and the Judge of Probate's Office will transmit the fees along with a certified copy of the Amendment to the Office of the Secretary of State within 10 days after the Amendment is recorded. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).



(For SOS Office Use Only)

This form must be typed or laser printed.

1. The name of the Limited Partnership from the filed Certificate of Limited Partnership:

2. Date the Certificate of Limited Partnership was filed in the county (mm/dd/yyyy): _____
County in which Certificate of Limited Partnership was filed: _____

3. Date(s) and office(s) of all prior amendments filed: _____

4. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov Click Business Services (below picture), click on Business Entity Search, search by entity name, enter the name of the Limited Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

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5. Specify the information to be amended from the original Certificate (specify attachment if necessary):

6. New information to replace information which has changed since the Certificate of Limited Partnership was filed (specify attachment if necessary). If amendment includes name change, a copy of the Name Reservation issued by the Office of the Secretary of State **must** be attached:

Date

Typed or Printed Name of General Partner Signing Document

Signature of General Partner

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 or provide an email return on this form, you will not receive a credit card or prepaid account 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 and expedite fee but will not show convenience fees which will be charged; (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 Number: _____ - _____ (ex: 000-000)

Service Requested: \$50.00 Amendment filing fee
 _____ \$100.00 Expedited Processing fee **(must be included with initial filing)**

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up)
There is no notification service and there will not be a call for pick-up.

Return via email (only one email): _____
(ONLY for expedited filings) No paper copy will be mailed

_____ 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