STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP (LLLP) STATEMENT OF CORRECTION

(For SOS Office Use Only)

PURPOSE: This Statement is to be used to correct an "incorrect" statement in a Certificate of Formation pursuant to 10A-1-4.23, Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed Statement of Correction 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 $25.00 and the Judge of Probate's Office will transmit the fees with a certified copy of the Statement of Correction to the Office of the Secretary of State within 10 days after the Statement of Correction is recorded. You may pay the Secretary of State's fee 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).

Form must be typed.

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

   INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain this number on our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity Search, click on Entity Name, enter the name of the 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.

2. The name of the Limited Liability Limited Partnership from the filed Certificate:

   _____

3. Specify the incorrect information and the reason it is incorrect or the manner in which the signing was defective (specify attachment if necessary):

   _____

   _____

4. Correct the incorrect information or defective signature (specify attachment if necessary):

   _____

   _____

___/___/_____
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 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: __✔___$25.00 Correction 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.

_☐_Check is attached-Please make one check payable for the total amount of the fees (i.e., $125 if you are requesting expedite service) to the Alabama Secretary of State.

__☐__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