

**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 two (2) copies of this completed Restated Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's 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 fees and the Judge of Probate's Office will transmit the fees along with a certified copy of the restated Certificate to the Office of the Secretary of State within 10 days after the Restated Certificate is recorded. The Secretary of State's filing fee is \$100.00. 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).



**(For SOS Office Use Only)**

**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): \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** You may obtain the number on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) Click Business Services (below picture), Business Entity Search, search by entity name. 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.

- 3. The name of the Registered Agent: \_\_\_\_\_

Street (**No PO Boxes**) address of Registered Agent: \_\_\_\_\_

\_\_\_\_\_

Mailing address of Registered Agent (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.

**DOMESTIC LIMITED PARTNERSHIP RESTATED CERTIFICATE OF FORMATION**

5. 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).

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_

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

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

