

STATE OF ALABAMA

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)
AMENDMENT TO STATEMENT OF
LIMITED LIABILITY PARTNERSHIP**

PURPOSE: In order to amend a Statement of Limited Liability Partnership to reflect changes to the Partnership under 10A-8A 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 Secretary of State.

INSTRUCTIONS: Mail one (1) signed original and one copy of this completed form and the appropriate filing fee to the **Office of the Alabama Secretary of State, P.O. Box 5616, Montgomery, AL 36103-5616. The filing fee is \$100.00 for standard processing.** Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov .Business Services (below picture), Business Entity Search – you may search by entity name. You may pay the Secretary of State fees by check, money order or credit card (see attached payment option sheet). Your entity 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 information completing this form must be typed.
The form is fill-able on the Secretary of State's website for your convenience.**

1. Alabama Entity ID Number (Format: 000-000): _____ - _____ **(this number ensures filing accuracy)**

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov .Business Services (below picture), Business Entity Search – you may 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.

2. The full legal name of the Limited Liability Partnership from the filed Statement of LLP:

Document prepared by:

DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) AMENDMENT

3. Registration was filed on (mm/dd/yyyy): _____

4. List any previous Amendments filed (**identify Amendment and give the date in which it was filed – 10A-1-3.13**):

May state see attached and attach a listing of Amendments.

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

6. New information to replace information which has changed since the Statement of LLP (specify attachment if necessary):

If the Amendment involves a name change, a copy of the Name Reservation Certificate issued by the Alabama Secretary of State must be attached.

7. This Amendment has been approved in a manner required by *Code of Alabama 1975*, Title 10A and the governing documents of the entity.

Date

Typed Name of Partner Signing Document

Signature of Partner

May attach additional signatures.

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy 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 which will be charged; (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed.

Partnership Name: _____

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

Service Requested: \$100.00 Amendment filing fee
 \$100.00 Expedite fee (**must be included with initial filing**)

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

Return via email (only one email): _____
No paper copy will be sent if email is provided.

_____ Check is attached - Please make one check payable for the total amount of the fees 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