

**STATE OF ALABAMA**

**AMENDMENT TO STATEMENT OF AUTHORITY  
OF A FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP (LLLP)**

PURPOSE: To amend the registration of a foreign partnership within 90 days after the change of facts described in the registration/filing pursuant to Section 10A-1-7.06 of the Code of Alabama 1975.

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**. or you may email the filing to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov) **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** 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. **NOT REQUIRED:** Delayed effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MUST be after date of receipt by Alabama Secretary of State's Office and not more than 90 days after signing of this document. If this is not completed the filing will be dated the date received in approvable format.
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. The legal name of the foreign entity as currently registered with the Alabama Secretary of State:  
\_\_\_\_\_
4. **If amending the name of the foreign entity for use in Alabama, a copy of the name reservation certificate from the Office of the Alabama Secretary of State must be attached (must be acquired prior to submitting Amendment).**
5. The name of the foreign entity has been legally changed to (insert "no change" if not applicable) :  
\_\_\_\_\_
6. The name of the foreign entity for use in Alabama only if different from the legal name\* :

\*A fictitious name may be used **only** if the legal name is not available for use in Alabama or the name does not contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC" (10A-1-5.06).

**(For SOS Use Only)**

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

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- 7. If a fictitious name is used the undersigned certifies the resolution of the LP's governing authority to adopt the fictitious name for use in Alabama and affirms the Authority to make such a certification under 10A-1-7.07.
- 8. Detail any amendment to the registration information (may include, name change, change of principal address, change of jurisdiction of formation, general partners) – if more space is required you may enter See Attached and attach the details:

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If the registered agent/registered office address in Alabama has changed, you will need to file a Change of Registered Agent or Registered Office by Entity – the signature of the new agent is required on that form. The form may be obtained at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Business Services tab (below picture), Business Forms, then scroll down to the Registered Agent and/or Registered Office Changes category.

- 9. The undersigned certify that this entity is a valid existing limited liability limited partnership in the state/country of formation.
- 10. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, 10A-9A-2.03 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

**One or more partners may sign.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

**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 return email address, 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 Amendment filing fee

\_\_\_\_\_ \$4.00 Copy Fee (Acknowledgement Copy if submitted by email)

**If submitted by email check one:** Return by \_\_\_\_\_ email \_\_\_\_\_ postal mail

Return via email (paper copy will not be sent): \_\_\_\_\_

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 BOX

\_\_\_\_\_  
City

State

Zip

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

**MUST be Signature of Card Holder**