

STATE OF ALABAMA

STATEMENT OF AMENDMENT TO  
FOREIGN LIMITED LIABILITY PARTNERSHIP (LLP)

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

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the \$100.00 processing fee.

\*The request is only accepted via mail or courier and will not be accepted via email.

\*You may file the amendment online in the time it takes to type this request.

\*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

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. Registered name of Foreign LLP in Alabama: \_\_\_\_\_

\_\_\_\_\_

This will be the partnership's legal name unless it was necessary to use a fictitious name at registration.

4. Detail any amendment to the registration information provided; (may include, name change, change of principal address, change of jurisdiction of formation, change of purpose/nature of business or general partners). If more space is required you may enter "See Attached" and attach the details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(For SOS Use Only)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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FOREIGN LIMITED LIABILITY PARTNERSHIP**

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): click Business Services (below picture), Business Downloads, and then scroll down to the Registered Agent and/or Registered Office Changes category.

5. If the name is changing a new Name Reservation must be attached:  
Under Section 10A-1-7.07, the name of the partnership must contain the words “Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP”.
6. If a fictitious name is used the undersigned certifies the resolution of the LLP's governing authority to adopt the fictitious name for use in Alabama and affirming the authority to make such a certification under 10A-1-7.07.
7. The undersigned certify that this entity is a valid existing limited liability partnership in the state/country of formation.
8. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, Section 10A-1-7.04(d) 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

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call 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**