

**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 Section 10A-8A-10.01 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 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. Alabama Entity ID Number (Format: 000-000-000): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **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.**

2. The current recorded name of the Limited Liability Partnership:

\_\_\_\_\_

3. Statement of LLP was filed on (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. List any previous amendments filed (**identify amendment and give the date on 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(For SOS Use Only)**

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

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP) AMENDMENT**

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.**

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

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed name of Partner signing document

\_\_\_\_\_  
**Signature of Partner**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed name of Partner signing document

\_\_\_\_\_  
**Signature of Partner**

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed name of Partner signing document

\_\_\_\_\_  
**Signature of Partner**

**May attach additional signatures.**

**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 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: 000-000-000)

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**