MICHELE REAGAN
Secretary of State

State of Arizona – Office of the Secretary of State

All Limited Partnerships *A.R.S. §§ 29-309 & 29-1103(H)*
Amendment to Certificate; Restatement

SEND BY MAIL TO:
Secretary of State Michele Reagan, Atten: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 1st Fl., Room 103

TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141

Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.
IN-PERSON ONLY - We accept major credit cards and bank debit cards.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
SOSBSPARTNERSHIPAMEND REV. 3/12/2015

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

INSTRUCTIONS

When to use this form: Partnerships already registered with the office shall use this form to AMEND a certificate.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Submission: Submit this amendment to certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other amendments not listed, please attach additional sheets with filing.

Filing Fee and Payment: $10, plus $3 per page; If filing by mail, make checks or money orders payable to the: Secretary of State.

Processing: 2-3 weeks; expedited service (24-48 hours) available for an additional $25.

Website: All forms are available online at www.azsos.gov.

1. PARTNERSHIP INFORMATION *(As on your current certificate on file with the Secretary of State)*

A. Name of Partnership ON FILE

Where applicable end with "Limited Partnership" or "LP" | "Limited Liability Partnership" or "LLP" | "Limited Liability Limited Partnership" or "LLLP"

B. Secretary of State File Number	**C. Date Certificate was Filed**		
Registration Number:	Month	Day	Year

2. AMENDMENT INFORMATION – *Check and fill in all that apply. The amendment to the certificate of the LP/LLP/LLLP is as follows:*

☐ **A. Name Change:** End with "Limited Partnership" or "LP"; "Limited Liability Partnership" or "LLP"; or "Limited Liability Limited Partnership" or "LLLP"

☐ **B. Office Address Change:**

Former Mailing Address (P.O. Box or C/O are unacceptable)	City	State	Zip Code
New Mailing Address (P.O. Box or C/O are unacceptable)	City	State	Zip Code

☐ **C. Other**

D. General Partner(s) Amendments

☐ **Admission:** Name of NEW General Partner	Signature of General Partner	Date admitted as General Partner / /	
Mailing Address	City	State	Zip Code
☐ **Admission:** Name of NEW General Partner	Signature of General Partner	Date admitted as General Partner / /	
Mailing Address	City	State	Zip Code
☐ **Withdrawal:** Name(s) of FORMER General Partner(s)		Date ended as General Partner(s) / /	

E. ☐ **Agent for Service of Process Change** ☐ **Agent for Service of Process Address Change** ☐ **Agent for Service of Process Phone Change**

Agent for service of process		Phone number (include area code) *optional* ( )	
Address of agent (P.O. Box or C/O are unacceptable)	City	State	Zip Code

3. GENERAL PARTNER(S) - Signature(s)

Current General Partner (Printed)		Current General Partner (Printed)	
1st Signer's Signature	Date	2nd Signer's Signature	Date