



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 Katie Hobbs, 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, 2nd Fl., Ste. 220
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.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
SOSBSPARTNERSHIPAMEND REV. 01/07/2022

KATIE HOBBS
 SECRETARY OF STATE

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; Checks or money orders shall be made payable to the *Secretary of State*. Credit cards accepted for in person filings.

Processing: 2-3 weeks; expedited service (5 business days) 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 "LLLLP" Partnership Email Address

B. Secretary of State File Number

Registration Number:

C. Date Certificate was Filed

Month Day Year

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

A. Name Change: End with "Limited Partnership" or "LP"; "Limited Liability Partnership" or "LLP"; or "Limited Liability Limited Partnership" or "LLLLP"

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