

### SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: WWW.concord-sots.ct.gov

# **CERTIFICATE OF AMENDMENT**

## DOMESTIC & FOREIGN LIMITED LIABILITY PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

		T
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$120
		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
1. NAME OF LIMITED LIABILITY PARTNERSHIP:		
2. TEXT OF EACH AMENDMENT:		
3. EXECUTION:		
DATED THE	DAY OF	00
DATED THIS	DAY OF	, 20
NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
(print or type)		

FORM LLPA-1-1.0 Rev. 7/2010

#### **INSTRUCTIONS**

1. NAME OF LIMITED LIABILITY PARTNERSHIP: Provide the name of the limited liability partnership as it currently appears on the records of the Secretary of the State.

Note: If the limited liability partnership is changing its name to a new name, such new name should be set forth in item Number 2 on the form.

- 2. TEXT OF EACH AMENDMENT: Please provide the full text of each amendment.
- 3. EXECUTION: The signatory must print or type his or her full legal name and capacity in addition to a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

#### OFFICE OF THE SECRETARY OF THE STATE

#### **MAILING ADDRESS:**

COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

#### **DELIVERY ADDRESS:**

COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

**PHONE**: 860-509-6003

WEBSITE: www.concord-sots.ct.gov