

Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

CERTIFICATE OF AMENDMENT - Accessible Version Available

DOMESTIC & FOREIGN LIMITED LIABILITY PARTNERSHIP - USE INK. PRINT OR TYPE.

ATTACH 81/2 X 11 SHEETS IF NECESSARY.

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

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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:

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

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