



This Box For Office Use Only

## Limited Liability Partnership

See attached detailed instructions

- Filing Fee \$30.00
- Filing Fee with Expedited Service \$80.00

UBI Number:

# LIMITED LIABILITY PARTNERSHIP AMENDMENT

Chapter 25.05 RCW

### SECTION 1

**NAME OF LIMITED LIABILITY PARTNERSHIP:** *(as currently recorded with the Office of the Secretary of State)*

**DATE REGISTERED IN WASHINGTON STATE:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

### SECTION 2

**ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:** *(Where records are maintained, see instructions page.)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If originally formed outside Washington State provide the State/Country of origin: \_\_\_\_\_

### SECTION 3

**NUMBER OF PARTNERS OF THE LIMITED LIABILITY PARTNERSHIP:** \_\_\_\_\_

### SECTION 4

**LIST ANY CHANGES/AMENDMENTS BEING MADE TO THE LIMITED LIABILITY PARTNERSHIP:**

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**SECTION 5**

*(Only required if changes are being made to the Registered Agent)*

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

**Name:** \_\_\_\_\_

**Physical Location Address (required):**  
\_\_\_\_\_

City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**Mailing or Postal Address (optional):**  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT:**

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Partnership. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Partnership; to forward mail to the Limited Liability Partnership; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X \_\_\_\_\_  
**Signature of Registered Agent**                      **Printed Name**                      **Date**

**SECTION 7**

**AUTHORIZED SIGNATURE:** *(see instructions page)*

*This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.*

X \_\_\_\_\_  
**Signature**                                      **Printed Name/Title**                                      **Date**                      **Phone**

**FEES:** The filing fee for a Limited Liability Partnership Amendment is \$30.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State".

**All payments must be received in US Dollars. All fees are non-refundable.**

**Mail completed forms and payment to:**

Secretary of State, Corporation Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

## **INSTRUCTIONS – LIMITED LIABILITY PARTNERSHIP AMENDMENT**

Please complete all sections of the Limited Liability Partnership Amendment. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps), email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call (360) 725-0377 for more information.

**UBI Number:** Enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

### **Section 1**

Indicate the Limited Liability Partnership (LLP) name as currently registered with the Office of the Secretary of State, Indicate the date the LLP was first registered in Washington State.

### **Section 2**

Enter the address of the Limited Liability Partnership's principal place of business where records are maintained. If the principal place of business is outside the State of Washington indicate the state/country of origin and complete section 6 if changes are being made to the registered agent information.

### **Section 3**

List the number of partners in the Limited Liability Partnership.

### **Section 4**

Provide a description of the changes or amendments to be made to the Limited Liability Partnership. It is advised that you contact the Secretary of State at (360) 725-0377 to check for name availability before filing name changes.

### **Section 5**

Complete this section if there are changes to the LLP's Registered Agent. All Limited Liability Partnerships must have a Registered Agent in Washington State if there is no principal place of business in the State of Washington. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. **The Registered Agent must print their name and sign the consent to serve as registered agent.**

### **Section 7**

The Amendment must be executed by an authorized partner, an authorized person or a majority of partners. If necessary attach additional names, addresses, titles and signatures.

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps), email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or call (360) 725-0377.