



Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | www.sos.wa.gov/corps  
 801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- Filing Fee \$30
- Filing Fee with Expedited Service \$80

## AMENDED CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

[RCW 25.05](#)

Please provide UBI # \_\_\_\_\_

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

**ENTITY TYPE:** Are you changing your business type?  Yes  No (if no, continue to next section)

If yes, select the change being made:

- WA PROFESSIONAL LIMITED LIABILITY PARTNERSHIP

**ENTITY NAME CHANGE:** Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

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

**PRINCIPAL OFFICE:** *Required only if changed*

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

**Mailing Address (optional)**

- Check if mailing address is the same as street address.

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Has your registered agent changed?  YES  NO If Yes, please be sure to complete page 2

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

**If Yes**, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

**A Registered Agent consent is still required for a Commercial Registered Agent located below.**

**If No**, please continue below

**Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.**

**Individual**

\_\_\_\_\_  
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

**Entity**

\_\_\_\_\_  
Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

**Office or Position**

\_\_\_\_\_  
List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Registered Agent Street Address (required)**  
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**Registered Agent Mailing Address (optional)**

Check if mailing address is the same as street address

Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

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**GOVERNOR(S):** *Required only if changed*

List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor

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

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

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

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**EFFECTIVE DATE:** *Required only if changed*

Date of filing  Specify a Date \_\_\_\_\_ (Cannot be more than 90 days from received date)

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**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address.

**Attention to:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**AUTHORIZED PERSON:**

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

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_____	_____	_____
<b>Signature of Authorized Person</b>	<b>Printed Name/Title</b>	<b>Date</b>

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