



Office of the Secretary of State  
Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234  
Phone: 360 - 725 - 0377 • Web Address: www.sos.wa.gov/corps

This Box For Office Use Only

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

**AMENDED CERTIFICATE OF  
LIMITED PARTNERSHIP  
RCW 25.10**

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

**NAME OF LIMITED 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 LIMITED LIABILITY LIMITED 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)

**Mailing Address (optional)**  
 Check if mailing address is the same as street address.

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

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

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



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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 following 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.

\_\_\_\_\_  
**Signature of Authorized Person**                      **Printed Name/Title**                      **Date**

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