



Corporations & Charities Division
Physical/Overnight address:
801 Capital Way S
Olympia, WA 98501-1226
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS: AMENDED CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP RCW 25.05

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corps a fillable .pdf version of this form is available or you can file online at www.cafs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee for the Amended Certificate of Limited Liability Partnership is \$30.00

Expedited Service: If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Limited Liability Partnership: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Business Type: Indicate by checking "Yes" or "No" if changing your business type. If "yes", select the box "Professional Limited Liability Partnership."

(4) Business Name Change: Provide the new name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No".

In accordance with the RCW 23.95.305, a Limited Liability Partnership name must contain the words Limited Liability Partnership, or the abbreviation LLP or L.L.P. and may not contain the abbreviation LP or L.P. A Limited Liability Partnership name **must** be distinguishable upon the records of the Secretary of State from any other business already registered with the Secretary of State's office. If the designation is omitted, it will default to LLP when processed.

If the business type changed to Professional Limited Liability Partnership, the name **must** contain the words Professional Limited Liability Partnership or the abbreviation PLLP or P.L.L.P.

(5) Principal Office: If changed, enter the principal office address. This is the place where the business's records are kept. This address **must** be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State

(6) Registered Agent: If the Registered Agent has changed, indicate by selecting, "Yes" and provide new Registered Agent information.

Registered Agent: All businesses must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Commercial Registered Agent** is a business or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notices, or demands required or permitted by law to be served on behalf of the business. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
 - Select “Yes” or “No.”
 - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
 - If “No,” continue to Noncommercial Registered Agent.
- **Noncommercial Registered Agent** is a business or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the business.
 - Make **one** selection: Individual, Business, or Office/Position, and fill out accordingly.
 - Individual: Write the individual’s first and last name.
 - Business: Write the business’s full name.
 - Office/Position: Write the office or position such as President, Secretary, Treasurer, or Member.
 - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
 - Provide a contact phone number and email address. This information will be used if there are any questions regarding the submission.

(7) Partners: Provide the number of partners.

(8) Business in which the Partnership engages: If changed, state the business in which the Partnership engages.

(9) Governors: If changed, list the individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(10) Effective Date: Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(11) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent’s address.

(12) Postal Mail Opt-In: Check this box if the business wants to receive notifications by postal mail. If checked future notifications will be sent by postal mail to the Registered Agent’s address.

(13) Authorized Person: Sign, print, provide the signer’s title, and date the document.

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



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This Box For Office Use Only

- Filing Fee \$30
- To Expedite Filing, Add \$50

**AMENDED CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**
[RCW 25.05](#)

All fields required unless otherwise specified

(1) UBI No.: _____

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

(3) BUSINESS TYPE:

Are you changing your business type? (Check one) Yes No

If Yes, select the change being made:

WA PROFESSIONAL LIMITED LIABILITY PARTNERSHIP

(4) BUSINESS NAME CHANGE: Are you changing your business name? (Check one) Yes No

New Name: _____

If designation is not provided, it will default to LLP

Does the business have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

(5) 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: _____

Mailing Address (optional)

Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____
State: _____ Country: _____

Phone: _____ Email: _____

(6) Has your registered agent changed? (Check one) YES NO If Yes, complete page 2

NEW REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> 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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; 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**

(7) PARTNERS: *Required only if changed*

Number of Partners: _____

(8) BRIEF STATEMENT OF BUSINESS IN WHICH THE PARTNERSHIP ENGAGES: *Required only if changed*

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

List at least one. Attach additional pages if necessary. NOTE: A business cannot serve as its own Governor.

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(10) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

Date of filing Specify a Date _____ (cannot be more than 90 days from received date)

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

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(12) POSTAL MAIL OPT-IN: By checking the box the business and Registered Agent will not receive email notifications

The business wants to receive **all** notifications to the Registered Agent by postal mail

(13) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date
