



## **INSTRUCTIONS: AMENDED CERTIFICATE OF LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP RCW 25.10**

**Purpose:** Amended Certificate is used to record changes to the business entity's previously recorded certificate of limited partnership or limited liability limited partnership or its most recently recorded amendment. Amendment filings are most commonly used to change to the business entity's name.

**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/corporations](http://www.sos.wa.gov/corporations) a fillable .pdf version of this form is available or you can file online at <https://ccfs.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 Partnership is \$30.00

**Expedited Service:** If expedited service is requested, an *additional* \$100 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) and Date of Initial Certificate:** 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. **Must** provide the date of the initial Certificate of Limited Partnership as recorded with the Secretary of State.

**(2) Name of Limited 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) Limited Liability Limited Partnership Election:** If not previously elected to be a Limited Liability Limited Partnership and amending to make that election, indicate by checking "Yes" or "No". If "yes", select the box "Limited Liability Limited Partnership." A new name **must** be provided.

**(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](http://RCW 23.95.305), the name of a partnership that is not a Limited Liability Limited Partnership must contain the words Limited Partnership, or the abbreviation LP or L.P. and may not contain the words Limited Liability Limited Partnership. A Limited Partnership corporate 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 LP when processed.

If the Limited Partnership is elected or changed to a Limited Liability Limited Partnership, the name must contain the words Limited Liability Limited Partnership or the abbreviation of LLLP or L.L.L.P. and may not contain the abbreviation LP or 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.
  - Identify the Registered Agent.
    - Individual: Write the individual's first and last name.
    - Business: Write the business' full name.
    - Office/Position: Write the office or position title held within the business 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) 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.

**(8) General Partners:** If adding a new general partner or dissociating a general partner list the name, address, and signature. If necessary, attach additional pages.

**(9) 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.

**(10) 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.

**(11) General Partner:** Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at [www.sos.wa.gov/corporations](http://www.sos.wa.gov/corporations) to chat with a representative.



Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

- Filing Fee \$30
To Expedite Filing, Add \$100

AMENDED CERTIFICATE

Limited Partnership
Limited Liability Limited Partnership

RCW 25.10

All fields are required unless otherwise specified

(1) UBI No.: Date of filing of its initial certificate:

(2) NAME OF LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP:

(as currently recorded with the Office of the Secretary of State)

(3) ELECTION OF LIMITED LIABILITY LIMITED PARTNERSHIP: If not previously elected

Is the Limited Partnership a LLLP? (Check one) Yes No If Yes, a new name must be provided

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

New Name:

If a designation is not provided, it will default to LP

If a LP the name must contain the words "Limited Partnership", "LP", "L.P." For name requirements review the following RCW(s): RCW 23.95.305

If a LLLP, the name must contain the words "Limited Liability Limited Partnership", "LLLP", or "L.L.L.P." For name requirements review the following RCW(s): RCW 23.95.305

If designation is not provided, it will default to LLLP

Does the business have a name reserved? (Check one) Yes No If Yes, provide the Reservation Number

Reservation No.:

(5) PRINCIPAL OFFICE: The location where the business's records are kept

Street Address (required)

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 or their contact details changed? (Check one) Yes No If Yes, complete page 2

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**NEW REGISTERED AGENT: Required ONLY if question 6 was marked Yes**

A **Registered Agent** is an agent of a business which is authorized to receive service of any process, notices, or demands required or permitted by law to be served on the business including hand delivered service of process.

All businesses must have a **Registered Agent in Washington State per [RCW 23.95.415](#)**

Provide the name of the *Commercial Registered Agent* **OR** *Non-Commercial Registered Agent*. The appointed agent must sign the **Consent to Serve** statement below.

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**COMMERCIAL REGISTERED AGENT**

A *Commercial Registered Agent* is a business or individual that is registered specifically as a Commercial Agent 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 this office in advance and does not need to provide it with this submission.

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

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**NON-COMMERCIAL REGISTERED AGENT**

A *Non-Commercial Registered Agent* is a person, business, or office or position title appointed to serve as the registered agent for a business. A street address located in Washington State and an email address are required; a phone number and separate Washington State mailing address are optional.

*If multiple types are listed the first type will be entered by this office*

- **Type 1:** If an **individual** is serving as the Registered Agent, only provide the individual's first and last name below.
- **Type 2:** If a **business** is serving as the Registered Agent, only provide the name of the business below.
- **Type 3:** If an **office** or **position** within the business is serving as the Registered Agent, only provide the position title such as President, Secretary, Treasurer, or Member below.

**Registered Agent:** \_\_\_\_\_

Phone: <i>(optional)</i> _____	Email: _____
<b>Street Address: <i>(required)</i></b> <b>Must be a physical address; No PO Box or PMB</b>	<b>Mailing Address <i>(optional)</i></b> <input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____ _____	Address : _____ _____
Zip: _____      City: _____	Zip: _____      City: _____

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**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.

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**Signature of Registered Agent**                      **Printed Name/Title**                      **Date**

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**(7) 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: \_\_\_\_\_

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**(8) NEW OR DISSOCIATING GENERAL PARTNER:**

Name, mailing address and signature are required. Attach additional pages if necessary.

(Check one)  New Partner  Dissociating Partner

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

(Check one)  New Partner  Dissociating Partner

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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**(9) EFFECTIVE DATE:** Check ONE of the following

Date of filing (default) this is the date that the submission is completed by our office

Specify a date \_\_\_\_\_ (cannot be more than 90 days following the received date)

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**10) 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: \_\_\_\_\_

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**(11) 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**

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