

Amendment to Registration of a Limited Liability Partnership (LLP)

To change information of record for your LLP, fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- *If your LLP is a registered foreign LLP and the name of that LLP has changed, include a valid certificate by an authorized public official of the jurisdiction where the LLP was organized, certifying that the LLP is in good standing and that the name was changed according to the laws of that jurisdiction.*
- A separate, non-refundable **\$15** service fee also must be included, **if** you drop off the completed form.

Items 3–6: **Only** fill out the information that is changing. Attach extra pages if you need to include any other matters.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business-programs/business-entities/filing-tips.

① **LLP's File No.** (issued by CA Secretary of State)

② **LLP's Exact Name** (on file with CA Secretary of State)

If you don't know the file number, leave Item 1 blank.

New LLP Name

③ _____
Proposed New LLP Name

The new name **must** end with: Registered Limited Liability Partnership, Limited Liability Partnership, L.L.P., LLP, R.L.L.P., or RLLP.

New LLP Address

④ a. _____
Street Address of Principal Office *City (no abbreviations)* *State* *Zip*

b. _____
Mailing Address of Principal Office, if different from 4a *City (no abbreviations)* *State* *Zip*

New Agent/Address for Service of Process (The agent must be a CA resident or an active [1505](#) corporation in CA.)

⑤ a. _____
Agent's Name

b. _____ **CA**
*Agent's Street Address (if agent is **not** a corporation)* *City (no abbreviations)* *State* *Zip*

New Type of Business

⑥ The business in which the LLP is engaged is (*check only one box*):

- The practice of Architecture
 The practice of Engineering
 The practice of Land Surveying
 The practice of Law
 The practice of Public Accountancy
 Related to: _____

List the name of the LLP to which your LLP is related, exactly as it appears on the records of the California Secretary of State. A related LLP is a California registered LLP that practices public accountancy or law, or is a foreign LLP.

Read and sign below: This form must be signed by an authorized person. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this amendment.

Sign here
 Print your name here
 Your business title

Make check/money order payable to: **Secretary of State**
 Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
 Secretary of State
 Business Entities, P.O. Box 944228
 Sacramento, CA 94244-2280

Drop-Off
 Secretary of State
 1500 11th Street, 3rd Floor
 Sacramento, CA 95814



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

| Secretary of State Use Only | |
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| T/TR: | |
| AMT REC'D: | \$ |