

# CERTIFICATE OF AMENDMENT

## Domestic & Foreign Limited Liability Partnership

Office of the Secretary of the State

**MAILING ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

**DELIVERY ADDRESS:**

Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

Space For Office Use Only

Filing Fee: \$60.00

Make Checks Payable To "Secretary of the State"

1. NAME OF LIMITED LIABILITY PARTNERSHIP

2. TEXT OF EACH AMENDMENT

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

3. EXECUTION:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print or type name of signatory	Capacity of signatory	Signature

**INSTRUCTIONS FOR COMPLETION OF AMENDMENT  
Domestic & Foreign Limited Liability Partnership**

**Instructions**

1. **NAME OF LIMITED LIABILITY PARTNERSHIP:** Provide the name of the limited liability partnership as it currently appears on the records of the Secretary of the State. Note: If the limited liability partnership is changing its name to a new name, such new name should be set forth in item Number 2 on the form.
2. **TEXT OF EACH AMENDMENT:** Please provide the full text of each amendment.
3. **EXECUTION:** The signatory must print or type his or her full legal name and capacity in addition to a signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.