STATE OF ALABAMA

AMENDMENT TO STATEMENT OF AUTHORITY OF A FOREIGN LIMITED PARTNERSHIP (FLP)

PURPOSE: To amend the registration of a foreign partnership within 90 days after the change of facts described in the registration/filing pursuant to Section 10A-1-7.06 of the *Code of Alabama 1975*.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.

- *Include a check, money order, or credit card payment for the \$100.00 processing fee.
- *The request is only accepted via mail or courier and will not be accepted via email.
- *You may file the amendment online in the time it takes to type this request.
- *Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

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1.	NOT REQUIRED: Delayed effective date/ MUST be after date of receipt by Alabama Secretary of State's Office and not more than 90 days after signing of this document.			
2.	. Alabama Entity ID Number (Format: 000-000-000):			
3.	The legal name of the foreign entity as <u>currently</u> registered with the Alabama Secretary of State:			
4.	If amending the name of the foreign entity for use in Alabama, a copy of the name reservation certificate from the Office of the Alabama Secretary of State must be attached (must be acquired prior to submitting Amendment).			
5.	. The name of the foreign entity has been legally changed to (insert "no change" if not applicable):			
6.	The name of the foreign entity for use in Alabama only if different from the legal name*:			
	A fictitious name may be used <u>only</u> if the legal name is not available for use in Alabama or the name does not contain the word "Limited" or the abbreviation "Ltd." or the phrase "Limited Partnership" or the abbreviation "L.P."			
	or "LP" (10A-1-7.07). (For SOS Use Only)			
Γhi	s form was prepared by: (type name and full address)			
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7. If a fictitious name is used, the undersigned certifies the resolution of the LP's governing authority to adopt

	the fictitious name for use in Alabama and affirms the Authority to make such a certification under 10A-1			
8.	Detail any amendment to the registration information (may include, name change, change of principal address, change of jurisdiction of formation, general partners) – if more space is required you may enter See Attached and attach the details:			
	If the registered agent/registered office address in Alabama has changed, you will need to file a Change of Registered Agent or Registered Office by Entity – the signature of the new agent is required on that form. The form may be obtained at www.sos.alabama.gov under the Business Services tab (below picture), Business Forms, then scroll down to the Registered Agent and/or Registered Office Changes category.			
9.	The undersigned certify that this foreign entity is a valid existing limited partnership in the state/country of formation.			
10.	The undersigned signatory authority certifies that the signature(s) meet the requirements of the <i>Code of Alabama</i> 1975, Section 10A-9A-2.03 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.			
	One or more partners may sign.			
	Date	Typed name of partner authorized		
		Signature of above stated authority		
	Date	Typed name of partner authorized		
		Signature of above stated authority		
	Date	Typed name of partner authorized		
		Signature of above stated authority		

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing or return email address, you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name:		
AL Entity ID #, required for all filings	other than formation/registra	ation:
Service Requested: X \$100.00 A	mendment filing fee	(ex: 000-000-000)
Hold at Front Desk for pick-up by:	There is no notification s	sarvice/call for nick_un
	There is no notification s	ervice/can for pick-up.
(Choose one of the following	:
Check/money order is attached Secretary of State. Do not use of		able for each filing to the Alabama s.
Charge fees to prepaid account	:: Account Number	
and Account Name		
Typed Name & Signature of A	uthorized Individual on Acc	ount
Credit Card Type:	(Visa, MC	C, Discover & AmEx)
Card Number:	Expiration	n Mo/Yr.:/ (MM/YY)
Card Holder Name:		
Complete Billing Address:		
	Street or PO Box	
City	State	Zip
Signature of Card Holder:		
<u></u>	MUST be Signatu	re of Card Holder