

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073  
Fax: 302-739-3812**

**Certificate of Amendment of  
Limited Liability Partnership**

Dear Sir or Madam:

Enclosed is the Certificate of Amendment of a Delaware Limited Liability Partnership to be filed in accordance with the Partnership Act of the State of Delaware. The fee to file the Certificate is \$100.00. If you wish to obtain a certified copy of the filing, please request it within your cover letter and include an additional \$30.00 per certified copy requested. Otherwise, you will receive a file stamped plain copy at no additional charge. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
rev. 06/04

**State of Delaware  
Certificate of Amendment  
Of a Limited Liability Partnership**

**First:** The name of the Limited Liability Partnership is \_\_\_\_\_  
\_\_\_\_\_.

**Second:** Article \_\_\_\_\_ of the Certificate of Application shall be amended as follows:

**IN WITNESS WHEREOF**, the undersigned has caused this certificate of amendment to be executed this \_\_\_\_\_ day of \_\_\_\_\_, A.D.\_\_\_\_\_.

By: \_\_\_\_\_  
General Partner(s)

Name: \_\_\_\_\_  
Printed or Typed