



STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

APPLICATION for AMENDMENT to REGISTRATION
of DOMESTIC or FOREIGN LIMITED LIABILITY
PARTNERSHIP [35-10-718, MCA](#)

MAIL: Secretary of State
P.O. Box 202801
Helena, MT
59620-2801

PHONE: (406) 444-3665

FAX: (406) 444-3976

WEB SITE: sos.mt.gov

Required Filing Fee: \$20.00

24 Hour Priority Handling check box and **Add \$20.00**

1 Hour Expedite Handling check box and **Add \$100.00**

Make checks payable to Secretary of State.

Folder ID Number: _____

The folder number begins with a "P" and may be
referenced at <https://www.mtsosfilings.gov>.

If the document is hand written, please print legibly or the application may be denied.

1. The complete name of the Limited Liability Partnership prior to adoption of this amendment:

2. The complete new Limited Liability Partnership name, if applicable:

3. The business mailing address of the Limited Liability Partnership:

City: _____ State: _____ Zip Code: _____

4. The Limited Liability Partnership's state, tribe, or country of jurisdiction has changed from:

_____ to: _____

5. If the name of any partner is to be changed, provide the new name of the partner:

Old Name: _____

New Name: _____

(For additional names, attach a separate sheet of paper.)

6. The following partner(s) has: Withdrawn or Died

(For additional names, attach a separate sheet of paper.)

7. The name(s) and business mailing address(es) of **new** partners having an interest in the business being conducted under this Limited Liability Partnership:

(For additional names, attach a separate sheet of paper.)

8. The description of business is amended to read: _____

9. This amendment supersedes the original registration and all amendments to the original registration.

10. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and, **if a Foreign Limited Liability Partnership**, that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.

Date

Date

Signatures of at least **two** Partners are required.

11. Daytime Contact: Phone _____ Email _____