



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)

AMENDMENT of CERTIFICATE for DOMESTIC LIMITED PARTNERSHIP or LIMITED LIABILITY LIMITED PARTNERSHIP
[35-12-602, MCA](http://sos.mt.gov)

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: \$15.00
 24 Hour Priority Handling check box and **Add \$20.00**
 1 Hour Expedite Handling check box and **Add \$100.00**

Folder ID Number: _____
The folder number begins with an "L" and may be referenced at <https://www.mtsosfilings.gov>.

Make checks payable to Secretary of State.

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

1. The current name of the Limited Partnership or Limited Liability Limited Partnership: _____

2. The date the *initial* certificate of limited partnership was filed: _____
(Month/Day/Year)

3. The following amendment was adopted in the manner provided for by the Montana Limited Partnership Act:

4. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true.

Date

Date

Signature of at least one General Partner and all newly added General Partners Date

5. Daytime Contact: Phone _____ Email _____