

Wyoming Secretary of State

State Capitol Building, Room 110 200 West 24th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339

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Limited Partnership Amendment to Certificate

1. Name of the limited partnersh	ip:	
2. Date of filing the certificate of	f limited partnership: (Date – dd/mm/yyyy)	
3. Please check this box if you e	lect to be a limited liability limited partnership (LLLP).	
4. Amendment(s) to the certifica (Please indicate a change of name in name.)	te of limited partnership: f you want to include the designation of limited liability limited partnership (LLLP) as par	t of the entity
	ent shall be signed by at least one general partner and by each oth ficate as a new general partner. General Partner Signature:	er genera
(mm/dd/yyyy)	Print Name:	
Date:	General Partner Signature:	
(mm/dd/yyyy)	Print Name:	
Date:	General Partner Signature:	
(mm/dd/yyyy)	Print Name:	
Contact Person:		
Daytime Phone Number:		
Checklist Filing Fee: \$50.00 Ma	ke check or money order payable to Wyoming Secretary of State.	

Please submit one **originally signed** document and one exact photocopy of the filing.

completed to avoid a delay in the processing of your documents.

Please review form prior to submitting to the Secretary of State to ensure all areas have been