

LP-2

Amendment to Certificate of Limited Partnership (LP)

To change information of record for your LP, fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form.

Items 3–7: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.

① **LP's Entity No.** (issued by CA Secretary of State)

② **LP's Exact Name** (on file with CA Secretary of State)

New LP Name

③

Proposed New LP Name The new LP name: **must** end with: "Limited Partnership," "LP," or "L.P.," and **may not** contain "bank," "insurance," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp." The name cannot be likely to mislead the public and must be distinguishable in the records from other LPs of record or reserved with the California Secretary of State.

New LP Addresses

④

a. *Street Address of Designated Office in CA* *City (no abbreviations)* *CA* *State* *Zip*

b. *Mailing Address of LP, if different from 4a* *City (no abbreviations)* *State* *Zip*

New Agent/Address for Service of Process (The agent must be a CA resident or qualified [1505](http://www.sos.ca.gov/business/be/filing-tips) corporation in CA.)

⑤

a. *Agent's Name*

b. *Agent's Street Address (if agent is **not** a corporation)* *City (no abbreviations)* *CA* *State* *Zip*

General Partner Changes

⑥

a. New general partner: *Name* *Address* *City (no abbreviations)* *State* *Zip*

b. Address change: *Name* *New Address* *City (no abbreviations)* *State* *Zip*

c. Name change: Old name: _____ New name: _____

d. Name of dissociated general partner: _____

Dissolved LP (Either check box a **or** check box b and complete the information. Note: To terminate the LP, also file a Termination - CA and Out-of-State LP at bizfileOnline.sos.ca.gov.)

⑦

a. ☐ The LP is dissolved and wrapping up its affairs.

b. ☐ The LP is dissolved and has no general partners. The following person has been appointed to wrap up the affairs of the LP: *Name* *Address* *City (no abbreviations)* *State* *Zip*

Read and sign below: This form must be signed by (1) at least one general partner; (2) by each person listed in item 6a; and (3) by each person listed in item 6d if that person has not filed a Certificate of Dissociation (Form LP-101). If item 7b is checked, the person listed must sign. If a trust, association, attorney-in-fact, or any other person not listed above is signing, go to www.sos.ca.gov/business/be/filing-tips for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this amendment. Signing this document affirms under penalty of perjury that the stated facts are true.



Sign here

Print your name here

Date



Sign here

Print your name here

Date

Make check/money order payable to: **Secretary of State**

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.