



CERTIFICATE OF AMENDMENT OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

State Form 56507 (R1 / 05-24)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

NOTE: This form may be used by a domestic limited liability partnership that wishes to amend its registration.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





**CERTIFICATE OF AMENDMENT OF A
DOMESTIC LIMITED LIABILITY PARTNERSHIP**

State Form 56507 (R2 / 05-24)

Indiana Code 23-4-1-45.1
23-0.5-9-8

FILING FEE: \$30.00

The undersigned, desiring to amend the registration of a domestic limited liability partnership on file with the Secretary of State pursuant to the provisions of Indiana Code, executes the following Certificate of Amendment.

ARTICLE I – ENTITY INFORMATION

The name of the entity

The date the entity registered with the Secretary of State (*month, day, year*)

Information to be amended

In Witness Whereof, the undersigned duly authorized representative(s) of the entity execute(s) this Certificate of Amendment and verifies, subject to penalties of perjury, that the statements contained herein are true, this ____ day of _____, 20____.

This authorization requires at least one signature of one partner.

Signature	Printed name	Title
		Partner