



FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *Corporations.Alaska.Gov*

Amendment to Certificate of Limited Partnership

Domestic Limited Partnership (AS 32.11 and AS 32.06)

- This Amendment to Certificate of Limited Partnership is only for a Domestic (Alaskan) Limited Partnership.
- Submit this filing hardcopy via fax or U.S. Mail, along with its payment.
 - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10–15 business days. During heavy filing seasons, October – February, the processing time will be delayed. Filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

1. Important:	
<ul style="list-style-type: none"> • Before you start: review your current Entity Details on record at <i>www.Corporations.Alaska.Gov</i> and click License Search. • Per AS 32.11.020, a Certificate of Limited Partnership may be amended. • An amendment is used to change or update any portion of a Certificate of Limited Partnership. • Complete the sections of this form for the portions of the Certificate of Limited Partnership which you are amending on record with this office. 	

2. Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.075(b)
Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.		

3. Entity Information:	AS 32.11.810(a)(1)
Entity Name: _____	
Alaska Entity Number: _____	

4. Mandatory Dates:	AS 32.11.020(a)(2)
Date the original Certificate of Limited Partnership was filed for record: _____	
Date the amendments on this filing were approved by the General Partners: _____	

5. Amended Entity Legal Name:	AS 32.11.020(a)(3), AS 32.11.010(a)(1) and AS 32.11.810(a)(1)
NOTE: The legal name of the Limited Partnership <u>must</u> (mandatory) include the words "limited partnership" (without abbreviations). The name of the Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.	
New Amended Name: _____	

6. Amended Duration: Five (5) Years	AS 32.11.890 and AS 32.06.303(g)
IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership in this state is canceled (dissolved and ceases to exist) FIVE YEARS after the date this form is filed for record.	
<input type="checkbox"/> The Duration Date will automatically be for five years after the date this form is filed for record. — or — <input type="checkbox"/> I am selecting a duration period of less than five (5) years.	
Duration Date: _____ _____ _____ mm dd yyyy	

7. Amended Purpose:	AS 10.06.950
The stated purpose of the Limited Partnership per the partnership agreement is: (attach additional sheets as necessary)	
_____ _____ _____	

8. Amended NAICS Code:	AS 32.11.020(a)(3) and AS 10.06.950
The Limited Partnership's NAICS Code is being amended. Provide the 6-digit Alaska NAICS Code that most closely aligns with the stated purpose and activities of the Limited Partnership per the partnership agreement. For more information about NAICS Codes, go to: www.Corporations.Alaska.Gov	
Alaska NAICS Code:	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> — <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> — <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> — <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> — <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> — <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

9. Principle Office in Home State: (wherever) AS 32.11.420 (5)	
Physical Address:	
Mailing Address:	

10. Office in Alaska: (if any) AS 32.11.420 (5)	
Physical Address:	
Mailing Address:	

11. REMOVE General and/or Limited Partners: AS 32.11.020(a)(3) and (b)(2) and AS 32.11.030	
<p>The following General Partner(s) and Limited Partner(s) will be <u>completely removed from record</u> as a result of this filing.</p> <p>Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.</p> <p>Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.</p> <p>Print full legal name of General Partners and/or Limited Partners being removed from record: (attach additional sheets as necessary)</p>	
Name:	
Name:	

12. List ALL General Partners and Limited Partners: AS 32.11.020(a)(3) and (b)(1), and AS 32.11.030				
<p>MANDATORY: The following is a complete list of <u>ALL remaining and new General Partners (GP) and Limited Partners (LP)</u> who will be on record as a result of this filing.</p> <p>Per AS 32.11.040, General Partners have the authority to execute filings on behalf of the entity.</p> <p>Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.</p> <p>Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.</p> <p>Print full legal name and address of ALL General Partners and/or Limited Partners: (attach additional sheets as necessary)</p>				
Complete Name:		General Partner (GP)	Limited Partner (LP)	Limited Partner % Owned
Mailing Address:				
Complete Name:				
Mailing Address:				
Complete Name:				
Mailing Address:				

13. Required Statement:

AS 32.11.020(b)(3) and AS 32.11.370(3)

STATEMENT: The remaining and new General Partners listed in Item #12 above agree that the business of the Limited Partnership will continue, per the statutorily permitted duration.

IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership is canceled (dissolved and ceases to exist) FIVE YEARS after the date this form is filed for record or the most recent amendment for this entity filed for record.

14. Any Other Matters:

AS 32.11.020(d)

Any other matters the General Partners determine to amend, except registered agent. To change registered agent, submit Statement of Change (form 08-514) along with its \$25 filing fee. *(attach additional sheets as necessary)*

15. Signatures:

AS 32.11.420

The Amendment to Certificate of Limited Partnership must (mandatory) be signed by each remaining and new General Partner or an Attorney-In-Fact authorized to sign on behalf of one or more of the General Partners.

Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

(attach additional sheets as necessary)

General Partner's Printed Name: _____

General Partner's Signature: _____ **Date:** _____

General Partner's Printed Name: _____

General Partner's Signature: _____ **Date:** _____

IMPORTANT: Additional licensing requirements with this division.

- **BUSINESS LICENSING:** Per AS 43.70.020 prior to engaging in business activity in this state you must (mandatory) obtain an Alaska Business License. For more information, FAQs, and forms go to: www.BusinessLicense.Alaska.Gov
- **PROFESSIONAL LICENSING:** If you are engaging in any business activity which requires professional licensure you must (mandatory) obtain it prior to applying for an Alaska Business License. For more information, FAQs, and forms go to: www.ProfessionalLicense.Alaska.Gov



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>