



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

AMENDED STATEMENT OF QUALIFICATION
Domestic Limited Liability Partnership
AS 32.06.911 & AS 32.06.970

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Amended Statement of Qualification will not be filed if a biennial report is due. To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at www.commerce.alaska.gov/occ. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page.

Refer to Alaska Statutes 32.06.911 and 32.06.970. A person authorized by this chapter to file a statement may cancel amend the statement by filing an Amended Statement of Qualification.

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: State the reason the limited liability partnership is being amended.

ITEM 3: The partnership may choose a deferred effective date upon which the Amended Statement of Qualification will be applied in the State of Alaska.

Signatures

The amended statement must be filed by a partner or other person authorized by this chapter.

NOTE: 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.

Mail the Amended Statement and the non-refundable \$25.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

AMENDED STATEMENT OF QUALIFICATION
Domestic Limited Liability Partnership
AS 32.06.911 & AS 32.06.970

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 32.06.911 and 32.06.970, the undersigned partner or partnership hereby files an Amended Statement of Qualification, which sets out:

ITEM 1: Name of the Entity:	Alaska Entity #:

ITEM 2: Declare the amendment to the statement:

Attach an additional sheet if necessary.

ITEM 3: Effective date of amendment if deferred from date of filing (mm/dd/yyyy format): ___/___/___

Signatures: The statement filed by a partnership must be executed by a partner or other authorized person.

Signature of Authorized Person	Printed Name of Partner	Date

NOTE: 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.

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CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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

FOR DIVISION USE ONLY

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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>
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