WEST VIRGINIA AMENDMENT TO LIMITED PARTNERSHIP

Form LP-3 Rev. 11/2017



West Virginia Secretary of State

Business & Licensing Division Tel: (304)558-8000 Fax: (304)558-8381

Website: www.wvsos.gov

FILE ONE ORIGINAL

(Two if you want a filed stamped copy returned to you)

FEE: \$25.00

| | **** In accordance with WV Code <u>§47-9</u> , the undersigned limited partnership adopts the **** following Articles of Amendment to its Certificate of Limited Partnership: |
|----|---|
| 1. | The name of the limited partnership is: |
| 2. | The date of the adoption of the amendment(s) was: |
| 3. | Change of Name Information or Text of Amendment: |
| | Change of Name From: |
| | To: |
| | Other amendment(s) (attach additional pages to this application, if necessary): |
| | |
| | |
| | |
| 4. | Contact name and number of person to reach in case of problem with filing: (Optional, however, listing one may help to avoid a return or rejection of filing if there appears to be a problem with the document.) |
| | Name: Phone: |
| | Business e-mail address, if any: |
| 5. | Signature of person(s) executing document (See below *Important Legal Notice Regarding Signature): *An amendment must be signed by at least one general partner and by each other general partner designated in the amendment as a new member.* |
| | Signature of general partner: |
| | Signature of general partner: |
| | Signature of general partner: |

^{*}Important Legal Notice Regarding Signature: Per West Virginia Code §31D-1-129. Penalty for signing false document. Any person who signs a document he or she knows is false in any material respect and knows that the document is to be delivered to the secretary of state for filing is guilty of a misdemeanor and, upon conviction thereof, shall be fined not more than one thousand dollars or confined in the county or regional jail not more than one year, or both.



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Filing Submission Instructions - Business Division

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORMS.

Please follow the instructions included with the application. Failure to include any of the required information on the form may cause the filing to be rejected.

All forms may be downloaded from our web site www.wvsos.gov.

SUBMIT THE COMPLETED APPLICATION WITH THE <u>CUSTOMER ORDER REQUEST</u> FORM TO ONE OF THE OFFICES BELOW. CHOOSE EXPEDITED OR STANDARD PROCESSING SERVICE. IF NOT USING THE CUSTOMER ORDER REQUEST FORM AND YOU ARE REQUESTING EXPEDITED SERVICE, YOU MUST INCLUDE THE WORD "EXPEDITE" AND THE LEVEL OF EXPEDITED SERVICE BEING REQUESTED (24-HOUR, 2-HOUR OR 1-HOUR) IN YOUR CORRESPONDENCE. BE SURE TO INCLUDE THE CORRECT ADDITIONAL EXPEDITED FEE. THIS FEE IS IN ADDITION TO THE REGULAR FILING FEE (SEE FEES BELOW).

CHOOSE ONE OF THE FOLLOWING PROCESSING SERVICES:

(1) EXPEDITED SERVICE (24-hour, 2-hour and 1-hour; *Requires standard filing fee plus additional expedite fee, see below)

Expedite Service *Fee EXPEDITED SERVICE requests may be submitted by:

24-Hour \$ 25.00 - E-mail to efilings@wvsos.gov

2-Hour \$250.00 - Fax

1-Hour \$500.00 - Walk in delivery

2 STANDARD PROCESSING (5-10 business days)

Standard filing fees apply. STANDARD PROCESSING requests may be submitted by:

- E-mail to CorpFilings@wvsos.gov

- Fax

- Walk in delivery (drop off service only filed within 5-10 business days)

INCLUDE PAYMENT:

Be sure to enclose the correct filing fee with your filing. If paying by credit card, be sure to include the <u>e-Payment Authorization</u> form with your filing. Your filing will be rejected if the payment is not included or if the e-Payment Authorization form is not included if paying by credit card.

SUBMIT COMPLETED FILING TO ONE OF THE BUSINESS CENTERS BELOW:

BUSINESS SERVICE CENTERS Standard and Expedited Filings

Charleston OfficeClarksburg OfficeMartinsburg OfficeOne-Stop Business CenterNorth Central WV Business CenterEastern Panhandle Business Center1615 Washington Street East200 West Main Street229 E. Martin StreetCharleston, WV 25311Clarksburg, WV 26301Martinsburg, WV 25401

Phone: (304) 558-8000 Phone: (304) 367-2775 Phone: (304) 356-2654
Fax: (304) 558-8381 Fax: (304) 627-2243 Fax: (304) 260-4360

Hours: Mon. - Fri. 8:30a - 5:00p EST Hours: Mon. -Fri. 9:00a - 5:00p EST Hours: Mon. - Fri. 9:00a - 5:00p EST



West Virginia Secretary of State

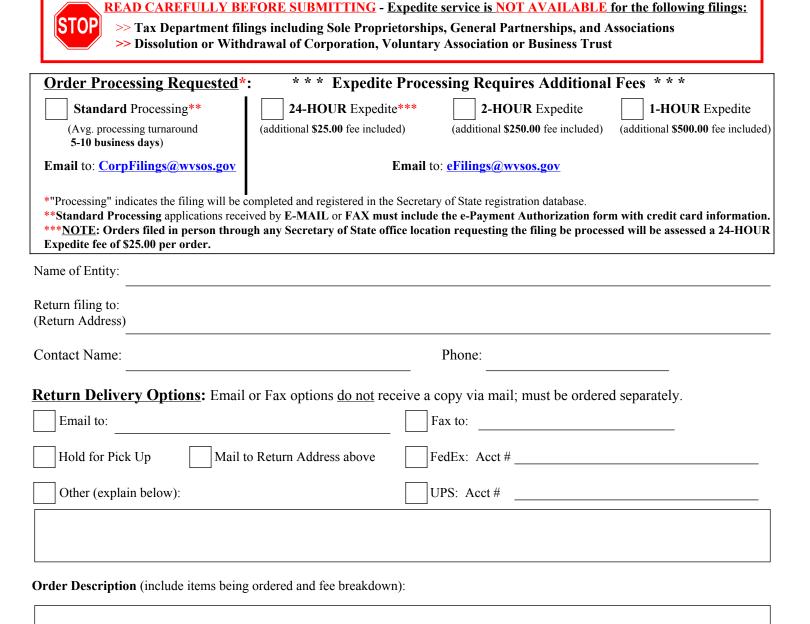
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Customer Order Request

SUBMIT THIS COMPLETED FORM WITH YOUR FILING.



Payment Method:

| Check/Money Order | Credit Card | (Must attach e-Payment Authorization request form including payment information.) |
|-------------------|-------------|---|
| | | |

* PLEASE NOTE: Original paperwork is kept by this office. Include a copy of the original filing if

you want a file stamped copy returned to you at no extra charge. Certified copy requests are an

Cash (<u>Do Not</u> mail cash)

additional \$15 per certified copy being requested.

Pre-paid Acct #: Attach signed pre-paid slip.

Total Amount:



24-hour, 2-hour and 1-hour **Expedite Service Guidelines**

IMPORTANT: To ensure expedited service, please mark "EXPEDITE" in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most business organization filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. You must mark the document with your "24-HOUR EXPEDITE" request. If using a cover letter, note that you are requesting 24-hour expedited service, and include your telephone number and return information. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling is \$25.00 in addition to the usual fee for service. Please consult our fee schedules for the appropriate fee. If you require assistance, please contact this office.

Time Constraints: Under most circumstances, each filing submitted receives same day filing date and may be picked up in the office by the end of the same business day. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in acceptable fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$250.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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USE BLACK INK ONLY - DO NOT HIGHLIGHT

| e-Payment Authorization | This document contains confidential financial information and will be properly shredded after payme has been processed by this office. Electronic storage of payment information is only permitted by sign authorization below which may be retracted at any time by written request by the authorized party. |
|--|---|
| Service Type: Fax E-mail | Mail |
| Payment by Card (card holder name an | d billing address required below) |
| Card Type: Visa | Mastercard Discover American Express |
| Credit Card Number: | V Code* |
| | |
| * 3-digit number on back of VISA, Ma 4-digit number on front right side of | |
| , | oses, all credit card payments must include the 3- or 4-digit CVV2 code (V Code) number this code will result in the rejection of your filing or service request. |
| Credit Card Expiration Date: Month: | Year: |
| | Amount to Charge Card: USD \$ |
| Order Information (required) | - Amount to Charles |
| Entity Name: | |
| Card Holder Information: | |
| Name as it appears on the account | |
| Billing Address | |
| City | State Zip Code |
| Telephone | Ext. |
| Payment Information Storage Auth I authorize the Secretary of State to store this X Authorized Signature | payment information for future payment transactions processed by Secretary of State: Date |
| Payment Authorization (required) | |
| · · · · · · · · · · · · · · · · · · · | nount not to exceed the following to be charged to the above listed account(s): |
| X | Date |
| Authorized Signature | Not to Exceed Amount: USD \$ |