

ALP
53-14

KANSAS SECRETARY OF STATE
Limited Liability Partnership
Amendment to Statement of Qualification
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this amendment is \$35 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Copies	The persons filing the amendment must promptly send a copy to every nonfiling partner.
<input type="checkbox"/> Certified Copy	A certified copy of the amendment filed in another state may be filed instead of this form.

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THIS SPACE FOR OFFICE USE ONLY.

This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

2. Name of partnership

Must match name on record with Secretary of State.

3. The statement of qualification is amended as follows:

4. Future Effective date

Upon filing

Future effective date:

Month

Day

Year

5. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Partner

X

Month

Day

Year

Name of Signer (printed or typed)