

C3CL/CD-412 (Rev. 09/21)				•
			REGULATORY AFFAIRS AL LICENSING BUREAU	
Date Received	AC1	(FOR BUREAU USE ON	NLY)	
		on the date filed, unless a within 90 days after received nent.	_	
Name				
Address				
City	State	ZIP Code	EFFECTIVE DATE:	
Document will lf left blank	be returned to the name and addre , document will be returned to the r	ss you enter above. pegistered office.		
		RTIFICATE OF CHAN y Foreign Limited Par	_	
		formation and instructions o		
Pursuant to the provi	isions of Act 213, Public Acts o	of 1982, the undersigned pe	erson(s) execute the following Certificate:	
1. The name of the f	oreign limited partnership is:			
2. The limited partne	ership number assigned by the	Bureau is:		
3. Item(s)	of the Application for Re	egistration to Transact Busir	ness in Michigan are hereby corrected as	follows:
	Signed this da	ay of		
	Ву	,		
	<i></i>	(Signature of General Partr	ner)	
		(Type or Print Name)		

(Name of General Partner if a corporation or other entity)

State of	
County of	ss.
Subscribed and sworn to before me this	day of,,
by	
	(Signature of Notary)
	(Type or Print Name of Notary)
	Notary Public forCounty,
	State of
(Notary Seal)	My commission expires

·	realitie of person of organization remitting lees.
Preparer's Name	
Business Telephone Number (<u></u>

INFORMATION AND INSTRUCTIONS

1. The Certificate of Change cannot be filed until this form is submitted.

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 Submit one original of this document. Upon filing, the document will be added to the records of the Corporations, Securities & Commercial Licensing Bureau. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

- 3. This Certificate is to be used by foreign limited partnerships pursuant to section 905 of Act 213, P.A. of 1982, for the purpose of correcting any statement in the Application for Registration to Transact Business in Michigan which makes the Application inaccurate in any respect.
- 4. Item 1 If a name was placed in item 1(b) of the Application for Registration to Transact Business in Michigan, enter that name. Otherwise, enter the name from item 1(a).
- 5. Item 2 Enter the identification number previously assigned by the Bureau. If this number is unknown, leave it blank.
- 6. Item 3 Complete to reflect any changes from the Application for Registration to Transact Business in Michigan for any subsequent amendments. The section being amended must be set forth in its entirety. If additional space is needed, supplements may be attached.
- 7. This Certificate must be signed in ink and sworn to by a general partner.

8.	NONREFUNDABLE FEE:	Make remittance payable to the State of Michigan.	Include corporation name and identification

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Corporations Division P.O. Box 30054 Lansing, MI 48909 To submit in person:

2407 N Grand River Ave Lansing, MI 48906 Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA, MasterCard, American Express, or Discover when delivered in person to our office.

Name of person or organization remitting for

Documents that are endorsed filed are available at www.michigan.gov/corpentitysearch. If the submitted document is not fileable, the notice of refusal to file and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

CSCL/CD-272 (09/21)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION P.O. BOX 30054

LANSING, MI 48909-7554 (517) 241-6470

Instructions:

OPTIONAL

EXPEDITED SERVICE REQUEST

If you choose to use expedited services, submit a separate Expedited Service Request form for each document submitted online, in person, or by mail for

which expedited service is being reques	ted.	·			
Expedited fees are in addition to the	standard document fees and due	when document is submitted. Expedite	d fees ar	re not refundable.	
COFS (Corporations Online Filing Syste Expedited service can be requested who Fees for documents submitted online managements	en submitting a document online. Yo	ou can access the online forms at www.mi Discover.	chigan.go	ov/corpfileonline.	
Documents that are endorsed filed are a and document will be available at the Re		entitysearch. If the submitted document is ww.michigan.gov/corprejectedsearch.	not fileab	ole, the notice of refusal to fi	ile
		processing and are then forwarded to the porations Division receives the reques		tions Division for review.	
	Please initial the apprepriate l	box for the level of service request	nd	_	
'		box for the level of service request	cu		
	1 Hour 2 Hour	Same Day 24 Hour			
Submitters Information:					
Company Name (if applicable)					
Telephone		Person submitting this request			
()					
Document Information:		•			
Name of Corporation, LLC or Limited Pa	ırtnership			ID Number (existing entity	/)
Type of document (articles, amendment,	etc)				
Type of accument (articles, amortament,	, 0.0.,				
Expedited Service Level	Fees	Type of Document	Dea	adline for receipt of docur	ment
1 Hour, same day	\$1,000.00	Any		4:00 PM EST or EDT	
,		,			
2 Hour, same day	\$500.00	Any		3:00 PM EST or EDT	
Same day	\$100.00	Formation/qualification		1:00 PM EST or EDT	
	\$200.00	For Any Existing Entity		1:00 PM EST or EDT	
24 Hours	\$50.00	Formation/qualification	T		
24 Hours	\$100.00	For Any Existing Entity			
		AU USE ONLY			
Agency Account	Amount	Date/Time Received	Re	eceipt Num:	
Profit Corporation (6813)					
Limited Liability Company (6814)			-		
Nonprofit Corporation (6815)			CI	heck Num:	
Limited Partnership (6816)					
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