



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Foreign Limited Liability Limited Partnership Revised Application (Amendment) Form

Filing Fee: \$100
Statute: 54-2A-906, NMSA 1978

Pursuant to the provisions of the Revised Limited Partnership Act, the undersigned Limited Partnership adopts the following Revised Application:

1. Name of the partnership: _____

2. Date of initial filing in New Mexico: _____

3. New Mexico ID number: _____

4. State/jurisdiction under whose laws the partnership is organized: _____

5. ID number issued to the partnership by the domestic state/jurisdiction: _____

6. Street address of the principal office: _____
(Cannot be a P.O. Box. Please include the city, state, and zip code.)

7. Mailing address of the principle office: _____

8. If required to maintain an office in the domestic state/jurisdiction, the street address:

9. Registered agent in **New Mexico** information:

(a) Name: _____

(b) Street Address: _____
(Please include the city, state, and zip code.)

(c) Mailing Address: _____
(Can be the same as the street address.)

10. Partner information:

1. (a) Name: _____

(b) Street Address: _____
(Please include the city, state, and zip code.)

(c) Mailing Address: _____
(Can be the same as the street address.)

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US

2. (a) Name: _____

(b) Street Address: _____
(Please include the city, state, and zip code.)

(c) Mailing Address: _____
(Can be the same as the street address.)

11. Is this partnership a foreign limited liability limited partnership? Yes: No:

12. Amended Information: _____

Date: _____

Partner Signatures:

Printed Name:

1. _____

2. _____

**Two original applications are required to file an amendment.*