

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



**FOREIGN LIMITED PARTNERSHIP - CERTIFICATE OF AMENDMENT
and/or CANCELLATION**

1. Name of the Limited Partnership (<i>If licensed in Wisconsin under a registered name, also list the registered name</i>):	2. State in which formed:
	3. Date of formation:

NOTE

This form may be used as either a Certificate of **Amendment** or as a Certificate of **Cancellation**, or both. Select, mark (**X**) and complete the appropriate section.

4. A **CERTIFICATE OF AMENDMENT** (State the change(s) being made to the “Application for Registration to Transact Business in Wisconsin” currently on file with the department)

FILING FEE - \$15.00, or more. See instructions, suggestions, and procedures on following pages.

4. B CERTIFICATE OF CANCELLATION The limited partnership submits this certificate for the purpose of canceling its registration to transact business in Wisconsin.

The Department of Financial Institutions is hereby appointed agent to accept service of process on this foreign limited partnership with respect to claims arising out of the transaction of business in the State of Wisconsin, and direct that copies of notices of any proceeding be forwarded to the office it is required to maintain in the state in which it is organized (or, if no office is required to be maintained in that state, its principal office), the **address** of which is:

Address: _____

City: _____ State: _____ Zip Code: _____

5. This document was drafted by _____
(Name the individual who drafted the document)

6. I swear that the information contained in this application is true, correct, and complete to the best of my knowledge and belief.

BY: _____, GENERAL PARTNER
(Printed name)

(Signature of GENERAL PARTNER)

State of _____

County of _____

Subscribed and sworn to before me on _____ (Date)

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(Signature of Notary)

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(Printed name of Notary)

(Seal impression)

My commission, issued by the State of _____ expires on _____

FOREIGN LIMITED PARTNERSHIP

CERTIFICATE OF AMENDMENT **AND/OR** CERTIFICATE OF CANCELLATION

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▲ Your **return address** and **phone number** during the day: () _____ - _____

INSTRUCTIONS (Ref. sec. 179.85 or 179.86, Wis. Stats. for document content)

Submit one signed copy to Department of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE of \$15.00, or more**, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703).

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. State the name of the foreign limited partnership, prior to any name change that may occur as a result of any amendment that is the subject of this document. If the foreign limited partnership is licensed in this state under a “registered name”, rather than its true partnership name, also enter the name under which it is registered with this department.

2 & 3. Indicate the state in which the limited partnership is formed and its date of formation.

4 A. If used as a Certificate of Amendment, check (X) item 4 A and enter the amendment.

4 B. If used as a Certificate of Cancellation, check (X) item 4 B and provide the address of the foreign limited partnership’s office required to be maintained in its state of organization or, if no office is required in that state, the address of the foreign limited partnership’s principal office.

(Note: This form may be used to either amend the Application for Registration currently on file with the department, to cancel the registration, or both. If used both as an amendment and as a cancellation, the **filing fee is \$30.00**)

5. If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter “not executed in Wisconsin.”

6. The certificate is to be signed and sworn to by a General Partner.