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FORM **304**

**CERTIFICATE OF AMENDMENT  
DOMESTIC LIMITED PARTNERSHIP**

Sec. 179.12, Wis. Stats.

A. The present limited partnership name (prior to any change effected by this amendment) is

\_\_\_\_\_

B. Date of filing of original certificate of limited partnership: \_\_\_\_\_

C. Text of the Amendment (*Refer to the existing certificate of limited partnership and the instructions on the reverse of this form. Determine those items to be changed and enter the amendment(s) to the certificate.*)

Office Use Only

D. Execution (NOTE: If the amendment admits one or more new General Partner(s), the certificate must be signed by at least **one continuing** General Partner **and by each new General Partner**. Select and complete either item **1 or 2**, below, whichever is appropriate.)

1. This certificate does not designate a new General Partner.

Name of <b>Continuing</b> General Partner:	Signature:  _____ (date)
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2. This certificate designates a NEW General Partner.

Name of <b>Withdrawing</b> or <b>Continuing</b> General Partner	Signature:  _____ (date)
Name <u>and business address</u> of each <b>New</b> General Partner:	Signature:
I)	I)  _____ (date)
II)	Signature: II)  _____ (date)

This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

**INSTRUCTIONS** (Ref. sec. 179.12, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI – Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **FILING FEE of \$25.00**. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). Sign the document manually or otherwise as allowed under sec. 180.0120(3)(c), Wis. Stats. **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 771 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

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CERTIFICATE OF AMENDMENT- Domestic Limited Partnership

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**▲ Please provide an email or postal mailing address for the filed copy of the document.**

Your **phone number** during the day: \_\_\_\_\_

**INSTRUCTIONS (continued)**

**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. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Item A. Enter the name of the limited partnership prior to any change effected by this amendment.

Item B. Provide the date of filing of the original Certificate of Limited Partnership.

Item C. Enter the text of the amendment(s). If the amendment changes the name of the limited partnership, the new name must contain the words “limited partnership” or the abbreviation “L.P.” or “LP”.

Item D. Two options are provided for executing the document.

1. If the amendment **does not admit a new General Partner**, complete section 1 by entering the name and signature of the continuing General Partner executing the amendment.

2. If the amendment **admits one or more new General Partner(s)**, complete section 2 by entering the name and signature of one continuing General Partner (or the withdrawing General Partner) and the name, business address and signature of each new General Partner.

Any person may sign a certificate of amendment by an attorney-in-fact.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.