



5. 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 \_\_\_\_\_

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

**INSTRUCTIONS** (Ref. sec. 179.85 or 179.86, 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 \$15.00**. 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.

(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**)

CERTIFICATE OF AMENDMENT and/or CANCELLATION - FOREIGN 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 CON'T**

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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.

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

6. 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.”