



**MATT SCHULTZ**  
*Secretary of State*  
*State of Iowa*

**APPLICATION FOR  
 AMENDED  
 CERTIFICATE OF AUTHORITY**  
 (Limited Partnership - Iowa Code Chap 488)

**TO THE SECRETARY OF STATE OF THE STATE OF IOWA:**

Pursuant to the Uniform Limited Partnership Act, the undersigned limited partnership applies for an amended certificate of authority to transact business in Iowa, and states:

1. The name of the limited partnership is: \_\_\_\_\_

and the name the limited partnership uses in Iowa, if different than its real name is:

\_\_\_\_\_

the name has been changed to: \_\_\_\_\_

2. The state [or foreign country] of organization on the records of the Iowa Secretary of State: \_\_\_\_\_

The state [or foreign county] of organization has been changed to: \_\_\_\_\_

3. The duration of the limited partnership on the records of the Iowa Secretary of State is: \_\_\_\_\_

The duration has been changed to: \_\_\_\_\_

4. The date of organization of the limited partnership was: \_\_\_\_\_

5. The street and mailing address of its principal office is:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

6. The street and mailing address of its designated office in Iowa and the name of its registered agent at that office:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

7. If the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction, the street and mailing address of the required office is:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

8. The name and street and mailing address of each general partner is:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

[Please attach additional pages as necessary]

9. A certificate of existence, or a document of similar import, duly authenticated by the official having custody of the limited partnership records in the state or country of organization, accompanies this application.

10. Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**NOTES:**

1. The filing fee is \$100.00. Make checks payable to SECRETARY OF STATE.
2. The document is to be signed by a general partner. A copy of a signature is acceptable for filing. Verification is not required.
3. One copy of the document is to be delivered to the Secretary of State for filing.
4. The effective time and date of the document is the later of the following:
  - a. the time of filing on the date it is filed;
  - b. the time specified in the document on the date it is filed;
  - c. the time and date specified in the document, not later than 90 days after the date it is filed.
5. If the name of the limited partnership or limited liability limited partnership does not satisfy the requirements of section 108 of the Iowa Uniform Limited Partnership Act, the limited partnership may do either of the following:
  - (a) add one of the following words or abbreviations to its name for use in Iowa:  
LIMITED PARTNERSHIPS: add one of the following words or abbreviations to its name for use in Iowa: limited partnership or the abbreviation L.P. or LP.  
LIMITED LIABILITY LIMITED PARTNERSHIP: add one of the following words or abbreviations to its name for use in Iowa: limited liability limited partnership or the abbreviation LLLP or L.L.L.P.
  - (b) use a fictitious name to transact business in Iowa if the limited partnership's real name is unavailable and the limited partnership delivers to the secretary of state for filing a copy of the resolution, certified by a general partner, adopting the fictitious name.
6. The information you provide will be open to public inspection under *Iowa Code* chapter 22.11.

**SECRETARY OF STATE**  
Business Services Division  
Lucas Building, 1st Floor  
Des Moines, Iowa 50319  
Phone: (515) 281-5204  
FAX: (515) 242-5953 or (515) 281-7142  
Website: [www.sos.state.ia.us](http://www.sos.state.ia.us)