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**Amended and Restated Statement of Registration for a General Partnership
Registered as a Limited Liability Partnership (LLP)**

filed pursuant to §7-90-301, et seq. and §7-90-304.5 of the Colorado Revised Statutes (C.R.S.)

ID number: _____

1. Entity name: _____
(If changing the name of the partnership, indicate name BEFORE the name change)

2. New Entity name:
(if applicable) _____

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

<input type="checkbox"/> "bank" or "trust" or any derivative thereof
<input type="checkbox"/> "credit union" <input type="checkbox"/> "savings and loan"
<input type="checkbox"/> "insurance", "casualty", "mutual", or "surety"

4. The amended and restated constituent filed document is attached.

5. *(Optional)* Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

_____	_____	_____	_____
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>

<i>(Street name and number or Post Office Box information)</i>			

_____	_____	_____	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	

(Province – if applicable)

(Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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