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## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



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## Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

### Address

Street

City

State

ZIP Code

### Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

## Certificate of Amendment / Restatement / Correction of Certification of Limited Partnership

**Filing Fee: \$50**  
**Form Must Be Typed**

**CHECK ONLY ONE (1) Box**

(1) Limited Partnership Domestic

Amendment (127-LPA)

Restated (162-LPR)

(2) Limited Partnership Foreign

Correction (136-FCR)

Jurisdiction of Formation

Name of Partnership

Current name on record with the Secretary of State

Registration Number

**Complete all of the information in this section if Restated is checked in box (1). If Amendment is check in box (1), complete only the information to be changed.**

The date of the first filing of the certificate of limited partnership (MM/DD/YYYY)

And if different, the date of the first filing by the partnership with the secretary of state pursuant to Ohio Revised Code Section 1782.63

Date (MM/DD/YYYY)

Name of the limited partnership

Address of the principal place of business of the partnership

Mailing Address

City  State  ZIP Code

**Complete all of the information in this section if Restated is checked in box (1). If Amendment is checked in box (1), complete only the information to be changed.**

Name and Address of each General Partner

Name

Address

Other provisions (optional)

**Complete the information in this section if box (2) is checked.**

The above-identified Foreign Limited Partnership certifies that the following statement contained in its foreign limited partnership application for registration was false or inaccurate, and that such statement is to be corrected as indicated below.

The false or inaccurate statement to be corrected

The correct or accurate statement

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by at least one general partner or by each new general partner designated on this form if box one was checked on page one.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Instructions for Certificate of Amendment/Restatement/Correction of Certificate of Limited Partnership

This form should be used to file a certificate of amendment/restatement/correction of certificate of limited partnership. Please provide the name and registration number of the limited partnership.

For a domestic limited partnership only, a certificate of amendment or restated certificate of limited partnership may be filed by selecting box 1. Pursuant to Ohio Revised Code §1782.09, a certificate of limited partnership must be amended within thirty days after the occurrence of any of the following events: (1) a new general partner being admitted to the limited partnership; (2) a general partner withdraws; (3) the business is continued pursuant to section 1782.44 of the Revised Code after an event of withdrawal of a general partner; (4) the address of the principal place of business of the limited partnership changes; or (5) the name of the limited partnership changes. A certificate of limited partnership may be restated at any time by filing a restatement of the certificate of limited partnership.

A foreign limited partnership must select box 2 to file a correction to the registration application. Pursuant to Ohio Revised Code §1782.52, if any statement in the application for registration of a foreign limited partnership was materially false when made or if any arrangements or other facts described have changed, thereby making the application inaccurate in any material respect, the foreign limited partnership must file a certificate of correction. The foreign limited partnership must provide the home state or country of registration in box 2.

## **Domestic Limited Partnership Amendment or Restatement**

For domestic limited partnerships only, please provide the date of the first filing of the certificate of limited partnership and, if different, the date of the first filing by the partnership with the secretary of state pursuant to section 1782.63 of the Revised Code.

If the articles have been amended, please provide the information of any item that has changed. For example, if the name of the limited partnership has changed but all other provisions remain the same, provide only the company's new name. If the certificate of limited partnership is being restated, please provide all of the information even if a provision remains the same as the original registration.

## **Foreign Limited Partnership Correction**

For foreign limited partnerships only, please state the false or inaccurate statement as it was provided on the registration application and provide the correct or accurate statement.

## **Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

## **Signature(s)**

After completing all information on the filing form, please make sure that the form is signed by at least one general partner. A domestic limited partnership amendment or restatement must be signed by each other general partners designated in this certificate as a new general partner.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**