

Nonrefundable Filing Fee: \$25.00

If the LLP is canceling its limited liability status, no personal or business checks will be accepted.

Payment of the filing fee should be ONLY in the form of **CASH, CERTIFIED/CASHIER'S CHECK, BANK/POSTAL MONEY ORDER OR CREDIT CARD (Visa or MasterCard).**

Make check or money order payable to **DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.**

Dishonored Check Fee \$25.00.

Nonrefundable Filing Fee: \$25.00

No personal or business checks accepted. See instructions.

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
 335 Merchant Street
 Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
 Phone No. (808)586-2727



STATEMENT OF AMENDMENT

(Section 425-154, 425-159 Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The limited liability partnership is (check one): Domestic Foreign

1. Name of partnership: _____

2. **For Domestic only:** The Statement of Qualification was filed with the Department of Commerce and Consumer Affairs on: _____.

3. **For Foreign only:** The Statement of Foreign Qualification was filed with the Department of Commerce and Consumer Affairs on: _____.

4. The Statement of Qualification/Statement of Foreign Qualification is amended as follows: (Check one)

a. The name of the limited liability partnership is changed to:

b. The limited liability partnership voluntarily cancels its limited liability status.

c. Other (State the amendment made to the Statement of Qualification or Statement of Foreign Qualification)

I certify, under the penalties of Section 425-172, Hawaii Revised Statutes, that I have read the above statements, I am authorized to make this change, and that the statements are true and correct.

Signed this _____ day of _____, _____

(Type Name of Partner)

By _____
(Partner Signature)

SEE INSTRUCTIONS ON REVERSE SIDE.

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit statement together with the appropriate fee.

This statement must be signed and certified by at least one partner.

Line 1. State the full name of the partnership.

Complete Line 2 or Line 3, not both.

Line 2. State the date the Statement of Qualification was filed with the Department of Commerce and Consumer Affairs.

Line 3. State the date the Statement of Foreign Qualification was filed with the Department of Commerce and Consumer Affairs.

Line 4. State the appropriate change.

Filing Fees: Filing fee (\$25.00) is not refundable. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee \$25.00.

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For any questions call (808)586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai and Molokai 1-800-468-4644 (toll free).

Fax: (808)586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.

ALL BUSINESS REGISTRATION FILINGS ARE OPEN TO PUBLIC INSPECTION. (SECTION 92F-11, HRS)