## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

_	☐ Return document by mail to:				
					ent - Domestic
Name			Limited Partnership/Limited Liability Company DSCB:15-8622/8822 (rev. 2/2017)		
Address					
Ci	ity State	Zip Code			
	Return document by email to:			8622	
Foo	e: \$70				
гее	e. \$70				
	Check one:    Limited Partne	ership (§ 8622)	Limited Liabilit	y Company	(§ 8822)
	In compliance with the requiren	nents of the applicable	provisions (relating to	Amendment	t or Restatement of
	rtificate), the undersigned, desiring to	amend or restate its (	Certificate of Limited Pa	artnership/C	ertificate of
Org	ganization, hereby certifies that:				
1. 7	The name of the limited partnership/li	imited liability compa	ny is:		
2	The date of filing of the original Cert	ificate of Limited Par	tnershin/Certificate of (	)raanization	ie:
┛•	The date of fining of the original eero	incate of Limited I at	mersing/certificate of e	organization	13.
	D. (AMAINDAYAYA)				
	Date (MM/DD/YYYY)				
3.	Date (MM/DD/YYYY)  The current registered office address	as on file with the De	partment of State. <i>Comp</i>	olete part (a	() <b>OR</b> (b) – not both:
	The current registered office address  (a)				
	The current registered office address		partment of State. <i>Comp</i>	olete part (a Zip	(c) $OR(b)$ – not both:  County
1	The current registered office address  (a) Number and street	City	State		County
1	The current registered office address  (a)	City	State		
1	The current registered office address  (a) Number and street	City ffice Provider	State		County
1	The current registered office address  (a)	City  ffice Provider  , one of the following:	State	Zip	County
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1	The current registered office address  (a)	City  ffice Provider  , one of the following:  limited partnership/lin	State  State  nited liability company	Zip , set forth in	County  County  full, is as follows:
1	The current registered office address  (a)	City  ffice Provider  , one of the following: limited partnership/lin	State  State  nited liability company	Zip , set forth in	County  County  full, is as follows:
4.	The current registered office address  (a)	City  ffice Provider  one of the following: limited partnership/lin limited partnership/lin hereof.	State  mited liability company  mited liability company	Zip , set forth in	County  County  full, is as follows:
1	The current registered office address  (a)	City  ffice Provider  one of the following: limited partnership/lin limited partnership/lin hereof.  a, and if appropriate c	State  mited liability company  mited liability company  omplete, one of the follo	Zip , set forth in is set forth in owing):	County  County  full, is as follows:  in full in Exhibit A
4.	The current registered office address  (a)	City  ffice Provider  one of the following: limited partnership/linhereof.  a, and if appropriate cove upon filing this Cer	State  mited liability company  mited liability company  omplete, one of the following the state of Amendment	Zip , set forth in is set forth in owing):	County  County  full, is as follows:  in full in Exhibit A

DSCB:15-8622/8822-2

6.	Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:
	☐ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.
	TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate Amendment to be executed by a duly authorized person thereof this day of, 20
	Name of Limited Partnership/Limited Liability Company
	Signature
	Title