

State of Tennessee



Department of State

Corporate Filings

312 Rosa L. Parks Avenue

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

APPLICATION FOR CHANGE
OF ASSUMED
LIMITED LIABILITY PARTNERSHIP
NAME

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-1003, the undersigned Limited Liability Partnership hereby submits this application:

1. The true name of the Limited Liability Partnership is: _____

2. The state or country of registration is: _____

3. The Limited Liability Partnership intends to cease transacting business under an assumed Limited Liability Partnership name by changing it.

4. The assumed Limited Liability Partnership name to be changed from is: _____

5. The assumed Limited Liability Partnership which the Limited Liability Partnership proposes to use is:

NOTE: The assumed Limited Liability Partnership name must meet the requirements of the Tennessee Uniform Partnership Act, Section 61-1-1003.

Signature Date

Name of Limited Liability Partnership

Signer's Capacity

Signature

Name (typed or printed)