

**AMENDED STATEMENT OF QUALIFICATION  
LIMITED LIABILITY PARTNERSHIP**

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
*www.sos.ne.gov*

Name of Limited Liability Partnership \_\_\_\_\_

Date Statement of Qualification was filed \_\_\_\_\_

Registration is a  Domestic LLP  Foreign LLP

If Foreign, State or Jurisdiction Limited Liability Partnership was formed \_\_\_\_\_

**Please mark the changes this amendment makes to the certificate as most recently amended or restated and provide the appropriate changes.**

If Foreign, organized under the laws of the state or jurisdiction of: \_\_\_\_\_

Street and mailing address of the Chief Executive Office

_____ Street address	_____ City	_____ State	_____ Zip
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Street and mailing address of the Nebraska Office

_____ Street address	_____ City	_____ State	_____ Zip
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Name of Registered Agent \_\_\_\_\_

Street, mailing address and post office box (if any) of Registered Agent

_____ Street address	_____ City	_____ State	_____ Zip
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Law Firm Status

The company is now engaging in the practice of law

The company no longer practicing law

Effective date if other than the date filed \_\_\_\_\_

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Printed Name of Partner

\_\_\_\_\_  
Date

FILING FEE: \$30.00

Add \$30.00 for the Certificate of Authority from the Supreme Court if submitted

Revised 04/24/2023

Neb. Rev. Stat. 67-454 & 67-458