

Nonrefundable Filing Fee:  
Profit Corporation: \$25.00  
Nonprofit Corporation: \$10.00  
General Partnership: \$10.00  
LLP: \$25.00  
Limited Partnership: \$10.00  
LLLP: \$10.00  
LLC: \$25.00

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



**CORRECTION**

(Section 414-15, 414D-7, 425-1.7, 425-167, 425E-207, 428-207, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

1. The entity is (check one):

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Profit Corporation<br>(F/\$25/B14)  | <input type="checkbox"/> Nonprofit Corporation<br>(F/\$10/B14)                 | <input type="checkbox"/> General Partnership<br>(F/\$10/B33)       | <input type="checkbox"/> Limited Liability Partnership<br>(F/\$25/L34) |
| <input type="checkbox"/> Limited Partnership<br>(F/\$10/B34) | <input type="checkbox"/> Limited Liability Limited Partnership<br>(F/\$10/B34) | <input type="checkbox"/> Limited Liability Company<br>(F/\$25/L14) |  |

2. Name of business entity: \_\_\_\_\_  
(Corporation, Partnership, LLC Name)

3. Describe the document to be corrected, including the date the document was filed with the Department of Commerce and Consumer Affairs, or attach a copy of the document to be corrected.

4. Specify the incorrect statement and give the reason it is incorrect or describe the manner in which the document was defectively executed, attested, sealed, verified, or acknowledged.

5. The incorrect statement or defective execution is corrected as follows or as attached hereto:

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to make this change, and that the statements are true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Type/Print Name & Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

SEE INSTRUCTIONS ON REVERSE SIDE.

**Instructions:** Document must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original document together with the appropriate fee(s).

Execution:

For **corporations**, document must be signed by at least one officer of the corporation.

For **general partnerships** must be signed by at least one general partner.

For **limited liability partnerships**, must be signed and certified by at least one partner.

For **limited partnerships** must be signed by at least one general partner.

For **limited liability limited partnerships** must be signed by at least one general partner.

For **limited liability company**, must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

Line 1. Check the appropriate box.

Line 2. State the full name of the business entity.

Line 3. State the title of the document being corrected and the date it was filed with the Department of Commerce and Consumer Affairs, or attach a file stamped copy of the document.

Line 4. Describe the incorrect statement, certification or signing and the reason it is incorrect.

Line 5. State the correct statement, certification or signing.

Attachment must be typed or printed on 8 1/2 X 11 white, bond paper, and printed only on one side.

**Filing Fees:** **Filing fees are not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.

**Profit Corporation** (\$25)

**Nonprofit Corporation** (\$10)

**General Partnership** (\$10)

**Limited Liability Partnership** (\$25)

**Limited Partnership** (\$10)

**Limited Liability Limited Partnership** (\$10)

**Limited Liability Company** (\$25)

Dishonored Check Fee (\$25)

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 & Molokai 1-800-468-4644 (toll free).

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