

FORM **UPA-Amendment**
(1001(h)/1102(g))

October 2014

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Uniform Partnership Act
Statement of Amendment

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$25

Approved:

FILE #:

This space for use by Secretary of State.

Federal Employer Identification Number (FEIN): _____

1. Partnership Name: _____

2. State of Jurisdiction: _____

3. The Statement of Qualification is amended as follows: (Check all applicable changes and specify them in item 4 below.) (For address changes – P.O. Box alone is unacceptable.)

- a) Change of registered agent and/or registered agent's office (give new name/address in item 4a). Must be an Illinois resident/company.
- b) Change in address of chief executive office (give new address in item 4b).
- c) Change in number of partners (give change of number of partners in item 4c).
- d) Change in Limited Liability Partnership name (give name change in item 4d). (Certified copy of Amendment From Domicile State required.)

4. List all changes from item 3.

a) _____

b) _____

c) _____

d) _____

5. Effective date of this amendment:

Upon filing by the Secretary of State

Deferred effective date (not to exceed 30 days after the file date): _____
Month, Day, Year

6. The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by a partner.
Day Month Year

Signature

Street Address

Name (type or print)

City, State, ZIP

Name if a Corporation or other Entity