

Illinois Uniform Limited Partnership Act
**Amended Application
for Certificate of Authority**

FILE #:

This space for use by Secretary of State.

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 must be made by check
payable to Secretary of State.
Please do not send cash.

SUBMIT IN DUPLICATE

Please type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$50

Approved:

Correspondence regarding this filing will be sent to
the registered agent of the Limited Partnership un-
less a self-addressed, stamped envelope is included.

1. Limited Partnership Name: _____

2. State or Jurisdiction of Organization: _____

3. Federal Employer Identification Number (F.E.I.N.): _____

4. Alternative Assumed Name, if any, under which the Limited Partnership is transacting business in Illinois:

5. The Application for Admission to Transact Business is amended as follows:

(Check applicable changes and specify below. For address changes, P.O. Box alone is unacceptable.)

- a) Admission of a new General Partner (give name and address below).
- b) Withdrawal of a General Partner (give name below).
- c) Change in General Partner's Name and/or address (give new name and address below).
- d) Change in Limited Partnership's Name (give new name below).
- e) Change in Date of Dissolution (give date below).
- f) Other (give information below).
- g) Dissociation of General Partner (give name below).

6. Additional information by item:

(For additional space, continue in the same format on a plain white 8.5 x 11 sheet.)

Form LP 902.5

The original Amended Application for Certificate of Authority must be signed by a General Partner, all new General Partners, and any or all dissociated General Partners. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**