

DO NOT STAPLE

**FORM UPA-
Amendment
(1001(h)/1102(g))
January 2008**

**Illinois Uniform Partnership Act
Statement of Amendment**

**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**

**217-785-8960
www.cyberdriveillinois.com**

Submit in duplicate. Please type or print clearly.

**Payment must be made by certified check, cashier's check,
money order, Illinois attorney's check or Illinois C.P.A.'s check.**

This space for use by Secretary of State.

Date:

Assigned File #:

Filing Fee: \$25

Approved:

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

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, including county 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. Attach current list of partners.) (Total number of partners and number of Illinois partners)
- d) Change in Limited Liability Partnership name (give name change in item 4d). (Certified copy of Amendment From Domicile State required.)
- e) Change in partner's name/address (give name/address change in item 4e).
- f) Other (give information in item 4f.)

4. List all changes from item 3.

a) _____

b) _____

c) _____

d) _____

e) _____

f) _____

5. We declare, 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 at least two partners.
Day Month Year

_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ City, State, ZIP
_____ Signature	_____ Number, Street Address
_____ Name and Title (type or print)	_____ 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 copy.
For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.