

DO NOT STAPLE

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

**Illinois Uniform Partnership Act  
Statement of Amendment**

File #:

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 may be made by check  
payable to Secretary of State.**

**This space for use by  
Secretary of State.**

**This space for use by Secretary of State.**

**Date:**

**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) \_\_\_\_\_

UPA-1001(h)/1102(g)

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

1. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Name if a Corporation or other Entity

1. \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, ZIP

2. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Name if a Corporation or other Entity

2. \_\_\_\_\_  
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 copy.  
For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.