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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. Date: Filing Fee: $25 Approved:	This space for use by Secretary of State.

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SAMPLE

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 specifiy 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) _____

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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

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Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copy.
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