

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
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217-524-8008  
www.ilsos.gov

**Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.**

Illinois  
Uniform Limited Partnership Act  
**Statement of Correction**

FILE # \_\_\_\_\_

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Please type or print clearly.

**Filing Fee:** \$50

**Approved:** \_\_\_\_\_

1. Limited Partnership Name: \_\_\_\_\_

2. State or Country of formation: \_\_\_\_\_

3. Title of document to be corrected: \_\_\_\_\_

4. Date erroneous document filed by Secretary of State: \_\_\_\_\_

5. Inaccuracy, error or defect (Identify error and briefly explain. Attach 8.5 x 11 sheet of paper, if needed.):

\_\_\_\_\_  
\_\_\_\_\_

6. Corrected portion(s) of document in corrected form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I affirm, under penalties of perjury, having the authority to sign hereto, that this Statement of Correction is to the best of my knowledge and belief, true, correct and complete.

Date: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
Applicant Name if a Limited Partnership or other entity