

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

December 2020

**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 may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.**

Illinois  
Uniform Partnership Act  
**Statement of Amendment**

**FILE #:** \_\_\_\_\_

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or Print Clearly.

**Filing Fee:** \$25

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

Federal Employer Identification Number (FEIN): \_\_\_\_\_

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 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).
- d) Change in Limited Liability Partnership name (give name change in item 4d). (Certified copy of Amendment From Domicile State required.)
- e) Other.

4. List all changes from item 3.

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

5. Effective date of this amendment:

- Upon filing by the Secretary of State
- Deferred effective date (not to exceed 30 days after the file date): \_\_\_\_\_  
Month, Day, Year

6. The undersigned declares, 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 a partner.  
Day Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Name if a Corporation or other Entity