

Illinois Uniform Limited Partnership Act  
**Amendment to the  
Certificate of Limited Partnership**

FILE #:

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  
217-524-8008  
www.cyberdriveillinois.com

**SUBMIT IN DUPLICATE**

Please type or print clearly.

This space for use by Secretary of State.

**Filing Fee:** \$50

**Approved:**

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

Payment must be made by check payable to Secretary of State.  
**Please do not send cash.**

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

2. Date of filing initial Certificate of Limited Partnership: \_\_\_\_\_

3. Federal Employer Identification Number (F.E.I.N.): \_\_\_\_\_

4. The Certificate of Limited Partnership is amended as follows:  
(Check applicable changes below. For address changes, P.O. Box alone is unacceptable.)

- a) Admission of a new General Partner (state name, street and mailing address below).
- b) Withdrawal of a General Partner (state name below).
- c) Change in General Partner's name and/or address (state new name and address below).
- d) Change in Partner's total aggregate contribution amount (state new dollar amount below).
- e) Change in Limited Partnership's name (state new name below).
- f) Other (state information below).
- g) Dissociation of General Partner (state name below).

5. Additional information by item:  
(Attach additional sheets of this size if more space is needed.)

## Form LP 202

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete. The following signatures are required:

- at least one General partner on record;
- all new General partners; and
- all Dissociated General Partners.

1. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
General Partner Name if corporation or other entity  
(must be in good standing)

2. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
General Partner Name if corporation or other entity  
(must be in good standing)

3. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
General Partner Name if corporation or other entity  
(must be in good standing)

4. Dated: \_\_\_\_\_  
Month, Day, Year

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
General Partner Name if corporation or other entity  
(must be in good standing)

**Signatures must be in black ink on an original document.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**