

GP

(For Office Use Only)

COVER LETTER

TO: Reinstatement Section
Division of Corporations

SUBJECT: _____
Name of Partnership

DOCUMENT NUMBER: _____

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

AMENDMENT TO PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following to amend its registration:

(Note: An amendment to a partnership registration cannot be filed with the Florida Department of State unless a partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: _____

SECOND: The partnership was registered with the Florida Department of State on _____ and assigned registration number GP _____ .

THIRD: Amendment(s): (Indicate and identify substance of what is being amended, added, or deleted)

FOURTH: Effective date, if other than the date of filing: _____ .
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

NOTE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this _____ day of _____, _____.

Signatures of a partner or authorized person: _____

Typed or printed name of person signing above: _____

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314**