

**STATE OF ALABAMA
DOMESTIC GENERAL PARTNERSHIP (GP)
AMENDMENT OF STATEMENT OF PARTNERSHIP/
STATEMENT OF NOT FOR PROFIT PARTNERSHIP**

PURPOSE: In order to amend a Statement of Partnership OR Statement of Not For Profit Partnership to reflect changes to the Statement under Section 10A-8A-2.03(d) of the *Code of Alabama 1975*, this Amendment along with any necessary attachments and the appropriate filing fees must be filed with the Office of the Alabama Secretary of State.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

***Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*You may file the amendment online in the time it takes to type this request.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

_____ **Statement of Partnership**

_____ **Statement of Not For Profit Partnership**

1. The current recorded name of the General Partnership OR Not For Profit Partnership:

2. Date the Statement of Partnership was filed (MM/DD/YYYY): _____ / _____ / _____

3. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **TO OBTAIN ID NUMBER**, go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**

4. Specify the information to be amended from the original Statement of Partnership OR Not For Profit Statement of Partnership (specify attachment if necessary):

This form was prepared by: (type name and full address)

(For SOS Use Only)

DOMESTIC GENERAL PARTNERSHIP AMENDMENT OF STATEMENT OF/NOT FOR PROFIT PARTNERSHIP

5. New information to replace information which has changed since the Statement of Partnership OR Not For Profit Partnership was filed (specify attachment if necessary). If amendment includes name change, a copy of the Name Reservation Certificate issued by the Office of the Secretary of State **must** be attached:

Under Section 10A-8A-2.02: except as specifically provided otherwise in the Code of Alabama, an amendment of Statement of Partnership or Not For Profit Partnership must be executed by at least two partners. Additional partners may sign.

Date (MM/DD/YYYY)

Typed name of Partner signing below

Signature of Partner

Date (MM/DD/YYYY)

Typed name of Partner signing below

Signature of Partner

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____
(ex: 000-000-000)

Service Requested: \$100.00 Amendment filing fee

Hold at Front Desk for pick-up by: _____

There is no notification service/call for pick-up.

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: ____/____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____
Street or PO Box

City State Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder