

**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 two (2) signed originals of this completed Amendment along with any necessary attachments and the **filing fee of \$100.00 to the Office of the Secretary of State, P.O. Box 5616, Montgomery, AL 36103-5616.**

(For SOS Office Use Only)

This form must be typed.

_____ **Statement of Partnership**

_____ **Statement of Not For Profit Partnership**

1. The name of the General Partnership OR Not For Profit Partnership from the filed Statement of Partnership:

2. Date the Statement of Partnership was filed (mm/dd/yyyy): _____

3. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov; Click on Business Services (below picture), click on Business Entity Search; click on Entity Name, enter the name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification 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):

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 issued by the Office of the Secretary of State **must** be attached:

Under 10A-8A-2.02: except as specifically provided otherwise in the chapter, an amendment of statement 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 Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. If you opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy 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 which will be charged; (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed.

Partnership Name: _____

Service Requested: \$100.00 Statement of Amendment filing fee

\$100.00 Expedite fee

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

Return via email (only one email): _____

No paper copy will be sent if email is provided.

_____ Check is attached - Please make one check payable for the total amount of the fees to the Alabama Secretary of State.

_____ 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

City State Zip

Signature of Card Holder: _____
MUST be Signature of Card Holder