

# GP

(For Office Use Only)

## COVER LETTER

**TO:** Registration 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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
CR2E067 (9/15)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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**