



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

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PHONE: 860-509-6003 WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## AMENDED STATEMENT OF PARTNERSHIP AUTHORITY CONNECTICUT PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<p><b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</p> <p>NAME:</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p><b>FILING FEE: \$120</b></p> <p>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</p>
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**1. NAME OF THE PARTNERSHIP AS IT APPEARS ON THE RECORDS OF THE SECRETARY OF THE STATE:**

**2. THE PARTNERSHIP'S STATEMENT OF PARTNERSHIP AUTHORITY IS AMENDED AS FOLLOWS:**

**3. EXECUTION:** (BY AT LEAST TWO PARTNERS)

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

I HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING DOCUMENT ARE TRUE.

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE