## Secretary of the State of Connecticut

PHONE: <u>860-509-6003</u> WEBSITE: <u>business.ct.gov</u> EMAIL: <u>bsd@ct.gov</u>

## AMENDED STATEMENT OF PARTNERSHIP AUTHORITY

CONNECTICUT PARTNERSHIP - USE INK. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

CONNECTICOTTARTNER		
FILING PARTY (CONFIRMATION WILL BE	SENT TO THIS ADDRESS):	
NAME:		
ADDRESS:		FILING FEE: \$120
		MAKE CHECKS PAYABLE TO "SECRETARY
		OF THE STATE"
CITY:		
STATE: ZI	P CODE:	
EMAIL:		
TELEPHONE NUMBER:		
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	= IRUE.	
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE