INSTRUCTIONS: All information must be completed or this document will not be accepted for filing. Please read instructions before completing.

1. Business entity ID number:
   This is not the Federal Employer ID Number (FEIN)

2. Name of the partnership:
   Name must match the name on record with the Secretary of State

3. Identify the statement to be amended:

4. The statement is amended as follows:

5. I/We declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I/we have remitted the required fee.

   Signature of partner  Date (month, day, year)

   Signature of partner  Date (month, day, year)

Instructions:

- 1. A certified copy of an amendment filed in another state may be filed instead of this form.
- 2. Submit this form with the $35 filing fee.

STAY UP-TO-DATE ON YOUR ORGANIZATION’S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: There is a $25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.