

SERVICO
P.O. BOX 871
ALBANY, NEW YORK 12201
(518)463-4179 (518)463-3752

WORKSHEET - LIMITED PARTNERSHIP AMENDMENT

1. Name of Limited Partnership _____

2. Date of Filing: _____

3. Amendments hereby effected by this filing (be specific as to paragraphs to be amended, and if the general partners are being amended, need the date of withdrawal of the existing partner(s), and date of admission of the new partner(s):

4. Name(s) of General Partner(s) authorized the amendment:

FEES:	
Servico, Prepare & File certificate	75.00
Servico, Administrative Handling	5.00
NYS Dept of State filing fee	85.00(rush)/60.00(routine)

TOTAL:	\$165.00 (RUSH) or \$140.00 (ROUTINE)

Your Name: _____

Your Firm: _____

Billing/Mailing Address: _____

Your Phone #: _____ Your Fax #: _____

Let This Letter Serve as My Authorization to Charge My Amex/MC/Visa (Initial Here) _____

Card # _____ Expires _____ IN THE AMOUNT OF ** _____

Print Name of Card Holder: _____

Print Complete Billing Address on Credit Card: _____

Signature of Card Holder: _____

**** Please note: This fee is an estimate only. It is possible to incur additional disbursements in order to complete this order. If so the additional fees will be charged to this credit card.**