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## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



**Mail this form to one of the following:**

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43216

Expedite Filing (Two business day processing time.

P.O. Box 1390 **Requires an additional \$100.00.**)

Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

# Amendment/ Cancellation of Partnership Statement

(Partnership / Limited Liability Partnership)

**Filing Fee: \$25.00**

**(190-PSC)**

**Form Must Be Typed**

**(CHECK ONLY (1) BOX)**

<input type="checkbox"/> Amendment (PAM)	<input type="checkbox"/> Cancellation (PSX)
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<input type="text"/> Name of Partnership	<input type="text"/> Registration Number
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<input type="text"/> Name of Statement to be amended or cancelled	<input type="text"/> Date Filed (MM/DD/YYYY)
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State the substance of the amendment or cancellation

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

## Instructions for Amendment/Cancellation of Partnership Statement

This form should be used to amend or cancel any partnership statement filed with the secretary of state.

### **Name and Registration Number of the Partnership**

The name and registration number of the partnership must be provided.

### **Name of Statement Being Amended or Cancelled and Date Filed**

Please provide the name of the statement that the partnership intends to amend or cancel and also provide the date the original statement was filed with the secretary of state.

### **Substance of the Amendment or Cancellation**

Please specify the substance of the amendment or cancellation. If the information you wish to provide for the record does not fit on the form, please attach additional provisions.

### **Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

### **Effective Date**

The amendment or cancellation is effective on the date the amendment / cancellation is filed.

### **Signature(s)**

After completing all information on the filing form, please make sure that the form is signed by an authorized representative.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number, in any format, on this form.**