

## AMENDMENT TO DECLARATION OF DOMESTIC PARTNERSHIP

CHANGE OF NAME				
First Name / Last Name (1 <sup>st</sup> Applicant)	<u> </u>	irst Name / Last Name (2	2 <sup>nd</sup> Applicant)	
CHANGE OF ADDRESS				
Address	City	State	Zip Code	
Contact Telephone Number(s)	Email Address			
_				
Ve declare under penalty of periury under t	he laws of the State o	f Florida that the stateme		
orrect.			nts above are true and	
Ve declare under penalty of perjury under t orrect. Signed on in Date			nts above are true and	
orrect.	City		nts above are true and	
orrect. Signed on in Date	City	,State	nts above are true and	
Signature	City F Guired)	,State Print name Print name	nts above are true and	

Amendment of Domestic Partnership Instructions

Fees:

Please visit <u>www.miamidade.gov/consumerprotection</u> for current fees.

**If applying by mail:** Send the completed notarized application and a check or money order made payable to **MIAMI-DADE COUNTY-CP** to the following address:

Department of Regulatory & Economic Resources Consumer and Neighborhood Protection Division 11805 SW 26<sup>th</sup> Street, Suite 230 Miami, Florida 33175

<u>If applying in person</u>: Bring the completed, notarized application and a check or money order made payable to <u>MIAMI-DADE COUNTY-CP</u> (Cash, Visa, American Express or MasterCard is accepted if applying in person) to the following address:

Department of Regulatory & Economic Resources Consumer and Neighborhood Protection Division 11805 SW 26<sup>th</sup> Street, Suite 230 Miami, Florida 33175

<u>If applying online</u>: Visit the Self Service Portal at <u>https://energov.miamidade.gov/EnerGov\_Prod/SelfService#/home</u> to submit an application and pay online. Instructions for how to submit, and pay, can be found <u>here</u>.