

Filing Fee \$25

SUBMIT IN DUPLICATE!



25.00 CK01
CER409/28/00:01:1313:
SOSIL C010182 FILED 202

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

1. Limited partnership's name: Community Housing Partners VI L.P.
 2. File number assigned by the Secretary of State: C010182
 3. Federal Employer Identification Number (F.E.I.N.): 36-4754888
 4. The certificate of limited partnership is amended as follows:
(Check **all** applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)
 - a) Admission of a new general partner (give name and business address below).
 - b) Withdrawal of a general partner (give name below).
 - c) Change of registered agent and/or registered agent's office (give new name and address, including county below).
 - d) Change in the address of the office at which the records required by Section 201 of the Act are kept (give new address, including county below).
 - e) Change in the general partners name and/or business address (give name and new address below).
 - f) Change in the partners' total aggregate contribution amount (give new dollar amount below).
 - g) Change in limited partnership's name (give new name below).
 - h) Change in date of dissolution (give new date below).
 - i) Other (give information below).
- c) Change of Registered Agent's Office: Douglas J. Antonio, 227 West Monroe Street, Suite 3400, Chicago, Cook County, IL 60606

If additional space is needed, it must be continued on the reverse side and/or in the same format on a plain white 8 1/2" x 11" sheet, which must be stapled to this form.

25.00 C101
C68409/28/00:01:1313:
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3. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original certificate of amendment must be signed by a general partner, all new general partners and at least one withdrawing general partner.

SIGNATURE AND NAME

BUSINESS ADDRESS

Signature _____

Number/Street 36 S. Wabash, Suite 1310

Type or print name and title _____

City/town _____

Anthony J. Fusco, Jr., President

Chicago

Name of General Partner if a corporation or

other entity Chicago Community Development Corporation

State Illinois Zip Code 60603

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or

other entity _____

State _____ Zip Code _____

Signature _____

Number/Street _____

Type or print name and title _____

City/town _____

Name of General Partner if a corporation or

other entity _____

State _____ Zip Code _____

(Signatures must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

RETURN & MAIL TO:

**DOUGLAS J. ANTONIO
227 W. MONROE STREET
SUITE 3400
CHICAGO, IL 60606**

DO NOT SEND CASH!