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Return to: Department of Business Services Limited Partnership Division Poom 357, Howlett Building Springfield, IL 62756 Telerhone: (217) 785-8960 http://www.sos.state.il.us.

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.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)
(Please type or print clearly)

١.	Limitet	partnership's name: Casa rucola, L.P.	
2.	File nu	mber assigned by the Secretary of State: C010607	
3.	Federal Employer Identification Number (F.E.I.N.): 36-4329024		
4.	The certificate of limited partnership is amended as follows: (Check all applicable changes here and specify them in item 5.) (Address changes, P.O. Box alone and c/o are unacceptable)		
	a)	Admission of a new general partner (give name and business address in item, 5 on reverse).	
	b)	Withdrawal of a general partner (give name in item 5 on reverse).	
c) Change of registered agent and/or registered agent's office (give new name and address, includin item 5 on reverse).		Change of registered agent and/or registered agent's office (give new name and address, including county on item 5 on reverse).	
d) Change in the address of the office at which the records required by Section 201 of the Act are kee address, including county, in item 5 on reverse).			
e) Change in the general partners name and/or business address (give name and new address in ite		Change in the general partners name and/or business address (give name and new address in item 5 on reverse).	
	<u>x</u> f)	Change in the partners' total aggregate contribution amount (give new dollar amount in item 5 on reverse).	
	g)	Change in limited partnership's name (give new name in item 5 on reverse).	
	h)	Change in date of dissolution (give new date in item 5 on reverse).	
	i)	Other (give information in item 5 on reverse).	

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(Rev. Jan. 1999)

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Race Item #4 changes here:

Place 116.10.10/23/01.31909 \$8,759,937 \$8,759,937

If additional space is needed for item 4, it must be continued in the same format on a plain white 8 1/2 x 11 sheet, which must be stapled to this for...

NAME(S) & BUSINESS ADDITIESS(ES) OF GENERAL PARTNER(S) 6.

The undersigned affirms, under penaltier 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.

1. Signature	BUSINESS ADD Number/Street 1818 South F	
Type or print name and title WAKODA REVES	Ckylown <u>Chicago</u>	
Name of General Partner if a corporation or	-70''	
other entity <u>Casa Puebla Apartments Corporat</u> ion	State <u>Illinois</u>	ZIP Code <u>60608</u>
2. Signature	Number/Street	
Type or print name and title	City/town	
Name of General Partner if a corporation or		
other entity	State	ZIP Cods
3. Signature	Number/Street	
Type or print name and title	City/town	
Name of General Partner if a corporation or		
other entity	State	ZIP Code
/Other state of the state of th		

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

DO NOT SEND CASH!

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