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Form LP 202  
(Rev. May 2000)

4194/0022 90 001 Page 1 of 2  
2002-06-04 10:03:18  
Cook County Recorder 23.50

Filing Fee \$25

SUBMIT IN DUPLICATE!



25.00 CR01  
LPR2005/02/02:01:5398:  
S051L S014065 FILED 2002

Return to: Department of  
Business Services  
Limited Partnership Section  
Room 357, Howlett Building  
Springfield, IL 62756  
Telephone (217) 785-8960  
<http://www.sbs.state.il.us>

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)

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

1. Limited partnership's name: PSM FAMILY LIMITED PARTNERSHIP
2. File number assigned by the Secretary of State: S014065
3. Federal Employer Identification Number (F.E.I.N.): 364220750
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 is 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, 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 kept (give new address in item 5 on reverse).
  - e) Change in the general partners name and/or business address (give name and new address in item 5 on reverse).
  - 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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5. Place Item #4 changes here:

2630 W. ARMITAGE  
Chicago, IL 60647  
Cook


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 form.

6. **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**

1. Signature 

Type or print name and title PAUL PINGEL

General Partner

Name of General Partner if a corporation or other entity \_\_\_\_\_

(must be in good standing)

**BUSINESS ADDRESS**

Number/Street 1552 N. Cleveland - #3

City/town Chicago

State IL ZIP Code 60610

2. Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

(must be in good standing)

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. Signature \_\_\_\_\_

Type or print name and title \_\_\_\_\_

Name of General Partner if a corporation or other entity \_\_\_\_\_

Number/Street \_\_\_\_\_

City/town \_\_\_\_\_

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.)

**DO NOT SEND CASH!**