## UNOFFICIAL COPY

Form LP 202 (Rev. Jan. 1991)

Filing Fee \$25

SUBMIT IN DUPLICATE!

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

GEORGE H. RYAN Secretary of State State of Illinois

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

04080068

C005743 SUSIL 11/10/94 25.00 FF 0000069753 FILED

04080068

1.	Limited	d parinership's name: Apex Automotive Warehouse I.P.						
2.	File nu	umber assigned by the Secretary of State: C005743						
3.	Federa	al Employer Identification Number (F.E.I.N.): 36-3727768						
4.	(Check	ertificate of limited partnership is arranged as follows:  k all applicable changes)  ess changes P.O. Box alone and c/o are unacceptable)  . DEPT-01 RECORDING  \$23.5  T\$0000 TRAN 0425 12/29/94 15:44:00  \$3670 ‡ CJ *-04-080068  COOK COUNTY RECORDER						
	a)	Admission of a new general partner (give name and business address below).						
	b)	Withdrawal of a general partner (give name below).						
	c)	_ c) Change of registered agent and/or registered agent's office (give new name and address, including county below).						
	<u>"x</u> d)	∠ 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).						
	<u>≭</u> e)	≤ e) Change in the general partners name and/or business address (give name and new address below).						
	<u> </u>	Change in the partners' total aggregate contribution amount (give new doil it amount below).						
	<u> </u>	Change in limited partnership's name (give new name below).						
	h)	Change in date of dissolution (give new date below).						
	i)	Change in limited partnership's name (give new name below).  Change in date of dissolution (give new date below).  Other (give information below).						

d. 43 W. Lake Street Northlake, IL 60164 County of Cook 23.5

(over)

## 5. 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		BUSIN 43 W. Lake	ESS ADDRESS	
1.	(Signature)	1.	Number	Street	
**	Daviti Carmell, President		Northlake		
	(Type or print name and title)	•		City/town	
	Apex Automotive Management Corp.		Illinois 06	L64	
	(Name of General Partner if a corporation or other entity)		State		Zip Code
2.	(Signature)	¹ <b>2</b> .	Number	Street	
	(Type o' pn it name and title)	•		City/town	<del></del>
	(Name of General Partner if 100 poration or other entity)	•	State		Zip Code
3.	(Signature)	3.	Number	Street	
	(Type or print name and title)	•		City/town	
	(Name of General Partner if a corporation or other onting)	•	State		Zip Code
4.	(Signature)	4.	Number	Street	
	(Type or print name and title)	6		City/town	
	(Name of General Partner if a corporation or other entity)		State		Zıp Code
	(Signature)	5.	Númbei	Street	
	(Type or pont name and title)	•		City/town	
	(Name of General Partner if a corporation or other entity)	•	State		Zip Code

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

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

## FORMS OF PAYMENT:

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

DO NOT SEND CASH!

Katten Muchin & Zavis 525 W. MONROE ST. SUITE 1600 CHICAGO, ILLINOIS 60661-3693

## RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 357, Howlett Building
Springfield, Illinois 62756
Telephone: (217) 785-8960