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Form LP 202 January 2005

Filing Fee: \$50

Submit in duplicate. 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.

Please do not send cash.

Department of Business Services Limited Partnership Division 357 Howlett Building Springfield, IL 62756 217-785-8960

Correspondence regarding this filing will be sent to the registered agent of the Limited Partrership unless a selfaddressed, stumper envelope is included.



Doc#: 0634756025 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 12/13/2006 01:25 PM Pg: 1 of 2

Illinois Secretary of State Department of Business Services

Certificate of Amendment to the **Certificate of Limited Partnership** (Illinois Limited Partnership or LLLP)

riedse type or print clearly.				
1.	Lin	nited	Partnership Name: AMEN'S LIMITED PARTNERSHIP.	
2.	File Number assigned by Secretary of State: COD 8298			
	Federal Employer Identification Number (F.E.I.N.): 36-3990868			
4.				
	(Check applicable changes and specify in item 5. For address changes PO. Box alone is unacceptable.) A a) Admission of a new General Partner (give name and business undress in item 5)			
			Withdrawal of a General Partner (give name in item 5)	
	A		Change of Registered Agent and/or Registered Agent's office (give new name and address,	
		C)	including county in item 5)	
		d١	Change in address of office at which the records required by Section 104 or 2.1% of the Act are kept	
		ω,	(give new address in item 5)	
		e)		
		f)	Change in Partner's total aggregate contribution amount (give new dollar amount in item 5)	
	O	g)	Change in Limited Partnership's name (give new name in item 5)	
	a	h)	Change in Date of Dissolution (give new date in item 5)	
	o l	i)	Other (give information in item 5)	
	ū	i)	Dissociation of General Partner (only for Limited Partnerships registered in 2005 and later; give name in item 5)	
			2	

5. Item #4 changes (For additional space, continue on next page.):

NEW GENERAL PARTNER GEORGE A. AMEND 1800 JOHNS DRIVE GLENVIEW, IL 60025 b) GEORGE R. AMEND COOK COUNTY

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Form LP 202

5. Item #4 changes (cont.)

NEW REGISTERED AGENT AND DERICE

GEORGE A AMEND

1800 JOHNS DRIVE

GLENVIEW, IL 60025

Names and Business Addresses of General Partners

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

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, all

- at least one General Partner on record,
- all new General Parmers,
- all Dissociated and wirt awing General Partners.

General Partners on record must sign.	
	2.
GEORGE A AMEND NEW GENERAL TRAINER	Signature WITHDRAWING. Z GEORGE R AMEND GENERAL PARTNETS
Name and Title (type or print)	Name and Title (type or print)
General Partner Name if corporation or other entity (must be in good standing)	, _
1800 JOHNS DRIVE.	1800 JOHNS DRIVE
Street Address GLENVIEW IL 60025	Street Address
CLENVIEW IL 60025 City, State, ZIP	City, State, ZIP
3	4
Signature	Signature
Name and Title (type or print)	Name and (19) (type or print)
General Partner Name if corporation or other entity (must be in good standing)	General Partner Name if corporation or other units (must be in good standing)
Street Address	Street Address
City, State, ZIP	City. State. ZIP

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