DO NOT STAPLE

UNOFFICIAL COPY

Form LP 202 January 2005



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 www.cyberdriveillinois.com

Correspondence regarding this filing will be sunt to the registered agent of the Limited Partnership unless a self-

address at, stamped envelope is included.



Doc#: 0731939102 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 11/15/2007 10:11 AM 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)

Please type or print clearly.

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1	Limited Partnership Name: MAI	RICI FAMILY	LIMITED	PARTNER	25 H	18
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- 2. File Number assigned by Secretary of State: 5015683
- 3. Federal Employer Identification Number (F.E.I.N.): 364317698
- 4. The Certificate of Limited Partnership is amended as follows:

(Check applicable changes and specify in item 5. For address changes, P.O. Box alone is unacceptable.)

- a) Admission of a new General Partner (give name and business address in item 5)
- (give name in item 5)
- c) Change of Registered Agent and/or Registered Agent's office (givenew name and address, including county in item 5)
- d) Change in address of office at which the records required by Section 104 or 111 of the Act are kept (give new address in item 5)
- e) Change in General Partner's name and/or business address (give new name and address in item 5)
- (1) Change in Partner's total aggregate contribution amount (give new dollar amount in item 5)
- a g) Change in Limited Partnership's name (give new name in item 5)
- ☐ h) Change in Date of Dissolution (give new date in item 5)
- i) Other (give information in item 5)
- Dissociation of General Partner (only for Limited Partnerships registered in 2005 and later; give name in item 5)
- 5. Item #4 changes (For additional space, continue on next page.):

ADDRESS CHANGE OF GENERAL PARTNER.

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5. Item #4 changes (cont.)

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 equired:

- · at least one General Partner on record,
- all new General Partners,
- all Dissociated and withdrawing General Partners.

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, all General Partners on record most sign.

١.	Rose C. Mariei Signature	2.	Signature
	ROSE C MARICI, Towslu		Name and Title (type or print)
	General Partner Name if corporation or other entity (must be in good standing))	General Partner Name if corporation or other entity (must be in good standing)
	Street Address)	Street Address
	NAPLES, FLORIDA 34110 City, State, ZIP	9	City, State, ZIP
3.	Signature	4.	Signature
	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)		General Partner Name if corporation or other entity (must be in good standing
	Street Address		Street Addr/ss
	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.