

Filing Fee \$25

**SUBMIT IN DUPLICATE!**



25.00 CK01  
LPR311/23/99:01:7653:  
SOSIL 5007992 FILED 202

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

**JESSE WHITE**  
**SECRETARY OF STATE**  
**STATE OF ILLINOIS**

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.

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

1. Limited partnership's name: LETCO - SPECIALIST, L.P.
2. File number assigned by the Secretary of State: SOC7992
3. Federal Employer Identification Number (F.E.I.N.): 363924302
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, **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, **including county**, 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).



(c) John Kiely  
Suite 606  
401 South LaSalle Street  
Chicago, Illinois 60605  
Cook County



Form LP 202  
(Rev. Jan. 1999)

5. Place Item #4 changes here:

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

BUSINESS ADDRESS

1. Signature [Signature] Number/Street 440 South LaSalle St., Suite 3012  
 Type or print name and title Lee E. Tenzer, Chairman City/town Chicago  
5759 2664 LETCO-Specialist, Inc.  
 Name of General Partner if a corporation or  
 other entity \_\_\_\_\_ State Illinois ZIP Code 60605

2. Signature \_\_\_\_\_ Number/Street \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_ City/town \_\_\_\_\_  
 Name of General Partner if a corporation or  
 other entity \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 \_\_\_\_\_

(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!