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(Rev. Jan. 1995)

96494692

Filing Fee \$25

SUBMIT IN DUPLICATE!

1008257 SUSIL 06/20/96 25.00 FF 0000093050 FILED . DEPT-01 RECORDING \$25.50 . T47777 TRAH 4985 D6/26/96 16:12:00 . \$1663 \$ RH *-96-494692 . COOK COUNTY RECORDER

All correspondence regarding this filling will be sent to the registered agent of the limited partnership unless a self-addressed envek pe with pre-paid postage is included.

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

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

1.	Limited	d partnership's name:EMERALIT_SIJLLAGE_L_P	<u>.</u>
2.	File nu	umber assigned by the Secretary of State: Cros257	
3.	Federa	al Employer Identification Number (F.E.I.N.): 36-3021730	. :33,
4.	(Check	entificate of limited partnership is amended as follows: set at applicable changes) ass changes P.O. Box alone and c/o are unacceptable) \$6494692	;
	a)	Admission of a new general partner (give name and business address below).	
	b)	Withdrawal of a general partner (give name below).	
	c)	Change of registered agent and/or registered agent's office (give new name and address, including courbelow).	nty
	d)	Change in the address of the office at which the records required by Section 201 of the fict are kept (give naddress, including county below).	ew •
	е)	Change in the general partners name and/or business address (give name and new address below).	
	-x 1)	Change in the partners' total aggregate contribution amount (give new dollar amount below).	. •
	g)	Change in limited partnership's name (give new name below).	* *
	h)	Change in date of dissolution (give new date below).	
		Other (give information below). See attached Addendum For 4(f).	

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

C LP-9.5

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(Rev. Jan. 1995)

25.00 FF 0000093050 FILEI

MAIL DO

SCHOOL (S)

Oldower + Oldower, P.C. 20 N. Clark St, #1610 Ch:1070, 22 60602

BUSINESS ADDRESS

5. (A) IE(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The understand affirms, under penalties of perjury, that the facts stated herein are true.

The original can't cate of amendment must be signed by a general partner, all new general partners and at least one withdraying general partner.

Signature (C	Number/Street 1333 N. Wells Street	<u> </u>
Type or print name and title Richard J. Robi r	City town Chicago	
Member Affordable Housing L.L.C. Name of General Partner II a corporation or		
other entity	State 120 nois Zip Code 606	10
Signature	Number/Sirvel	
Type or print name and title		
Name of General Partner If a corporation or		
other entity	State	
Signature	Number/Street	TATES
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 <u>BLACK INK</u> on an original documbe used on conformed copies.)	nent. Carbon copy, photocopy or rubber stamp signatures n	ay only

FORMS OF PAYMENT:

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."

DO NOT SEND CASHI

RETURN TO:

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

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ADDENDUM FOR 4(f)

The total General Partner contributions will total \$43,027 and the Limited Partner is currently contributing \$1,419,900.33, and is agreeing to contribute an additional \$2,839,800.66 (in two equal installments of \$1,419,900.33 each). The Limited Partner's contribution obligation is subject to reduction under certain circumstances, as set forth in the Agreement of Limited Partnership, which is kept at the office where records are required the residence of County Clerk's Office to be kept under Section 104 of the Illinois Revised Uniform Limited Partnership Act.

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