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0169-0007 (2 001 1997-11-19 09:09:58)
Cook County for order 13.51

2351

[illegible]

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

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

1. Limited partnership's name: Oak Brook Square Associates
2. File number assigned by the Secretary of State: 002467
3. Federal Employer Identification Number (F.E.I.N.): 36-3390123
4. The certificate of limited partnership is amended as follows:
(Check all applicable changes)
(Address changes P.O. Box alone and c/o are unacceptable)
- ☐ 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 county below).
- ☒ 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).
- ☒ e) Change in the general partners name and/or business address (give name and new address below).
- ☐ f) Change in the partners' total aggregate contribution amount (give new dollar amount below).
- ☐ g) Change in limited partnership's name (give new name below). c), d) and e)
- ☐ h) Change in date of dissolution (give new date below).
- ☐ i) Other (give information below).
- 55 E. Monroe, Suite 1640
Chicago, IL 60603

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Chicago, IL 60603
(NOTE: Cook County)

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.

UNOFFICIAL COPY

0002467 SOSIL 07/25/97
25.00 FF 0000109017 FILED

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 [Signature] **SIGNATURE AND NAME**

Type or print name and title Roger F. Ruffenberg
General Partner

Name of General Partner if a corporation or
other entity Lakewest Equity Properties

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

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

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 CASH!

BUSINESS ADDRESS

Number/Street 55 E. Monroe, Suite 1640

City/town Chicago
(Cook County)

State Illinois Zip Code 60603

Number/Street _____

City/town _____

State _____ Zip Code _____

Number/Street _____

City/town _____

State _____ Zip Code _____

RETURN TO:

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

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