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Form LP 202
(Rev. Jan. 1995)

Page 1 of 1
HIS-0005 01 001 1997-11-14 09:00:123
Cook County Recorder 13.50

Filing Fee \$25

SUBMIT IN DUPLICATE!

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope 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 partnership's name: Lakewest Equity Properties
2. File number assigned by the Secretary of State: C002399
3. Federal Employer Identification Number (F.E.I.N.): 36-3186020
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).
 - ☒ xc) Change of registered agent and/or registered agent's office (give new name and address, including county below).
 - ☒ xd) 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).
 - ☒ xe) 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
(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.

0002399 5051L 07/25/97
25.00 FF 0000109020 FILED

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]

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

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 _____

Signature _____

Type or print name and title _____

Name of General Partner if a corporation or
other entity _____

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 _____

(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!

RETURN TO:

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