

# UNOFFICIAL COPY 98530638

Form LP 202  
(Rev. Jan. 1995)

SI 25/0641 06 001 Page 1 of 1  
1998-06-23 10:02:18  
Cook County Recorder

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: 444 North Wells Limited Partnership
2. File number assigned by the Secretary of State: 0002067
3. Federal Employer Identification Number (F.E.I.N.): 363240019
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).
  - h) Change in date of dissolution (give new date below).
  - i) Other (give information below).

445 North Wells, 200  
Chicago, IL 60610

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.

RETURN TO BOX 389 (JBS)

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## 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 AND NAME		BUSINESS ADDRESS	
Signature	<u>Jo Anne Gottfried</u>	Number/Street	<u>445 North Wells St., 200</u>
Type or print name and title	<u>Jo Anne Gottfried</u> <u>vice President</u>	City/Town	<u>Chicago</u>
Name of General Partner if a corporation or other entity	<u>Urban Innovations, Ltd.</u>	State	<u>IL</u> ZIP Code <u>60610</u>
Signature	_____	Number/Street	_____
Type or print name and title	_____	City/Town	_____
Name of General Partner if a corporation or other entity	_____	State	_____ ZIP Code _____
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.)

### TERMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois State'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