

Filing Fee \$25

SUBMIT IN DUPLICATE!



LPR308/11/99:01:3225:
SOSIL C009152 FILED 202

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: THE HURON ORLEANS LIMITED PARTNERSHIP
 2. File number assigned by the Secretary of State: 6009152
 3. Federal Employer Identification Number (F.E.I.N.): 304097854
 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).
- c) ANNE BRIDGETTE COTTER, ESQ., 980 N. MICHIGAN AVE, STE 1280, CHICAGO, IL 60611, COOK COUNTY
- d) 980 N. MICHIGAN AVE, STE 1280, CHICAGO, IL 60611, 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.

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

1. Signature [Signature]

Type or print name and title BJ SPATHIES,
PRESIDENT, BEJCO PROPERTIES, INC.

Name of General Partner if a corporation or
other entity BEJCO PROPERTIES, INC.

2. Signature [Signature]

Type or print name and title HOWARD EDISON, VICE-PRESIDENT
OSWEGO HOME INVESTORS, INC.

Name of General Partner if a corporation or
other entity _____

3. 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 980 N. MICHIGAN AVE, STE 1280

City/town CHICAGO

State ILLINOIS ZIP Code 60611

Number/Street 201 EAST OGDEN, STE 24

City/town HINSDALE

State ILLINOIS ZIP Code 60521

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