

**Form LP 202
January 2008**

Filing Fee: \$50

Submit in duplicate. 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.

Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Amendment to the
Certificate of Limited Partnership
(Illinois Limited Partnership or LLLP)**

Please type or print clearly.

1. Limited Partnership Name: _____
2. File Number assigned by Secretary of State: _____
3. Date of filing initial Certificate of Limited Partnership: _____
4. Federal Employer Identification Number (F.E.I.N.): _____
5. The Certificate of Limited Partnership is amended as follows:
(Check applicable changes and specify in item 6. For address changes, P.O. Box alone is unacceptable.)
 - a) Admission of a new General Partner (give name and business address in item 6).
 - b) Withdrawal of a General Partner (give name in item 6).
 - c) Change in General Partner's name and/or business address (give new name and address in item 6).
 - d) Change in Partner's total aggregate contribution amount (give new dollar amount in item 6).
 - e) Change in Limited Partnership's name (give new name in item 6).
 - f) Other (give information in item 6).
 - g) Dissociation of General Partner (give name in item 6).
6. Item #5 changes (For additional space, continue on next page.):

Form LP 202

6. Item #5 changes (continued)

Names and Business Addresses of General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The following signatures are required:

- at least one General Partner on record;
- all new General Partners; and
- all Dissociated General Partners.

If adding or deleting a statement that this Limited Partnership is a Limited Liability Limited Partnership, **all General Partners on record must sign.**

1. _____ Signature	2. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity (must be in good standing)	_____ General Partner Name if corporation or other entity (must be in good standing)
_____ Street Address	_____ Street Address
_____ City, State, ZIP	_____ City, State, ZIP
3. _____ Signature	4. _____ Signature
_____ Name and Title (type or print)	_____ Name and Title (type or print)
_____ General Partner Name if corporation or other entity (must be in good standing)	_____ General Partner Name if corporation or other entity (must be in good standing)
_____ Street Address	_____ Street Address
_____ City, State, ZIP	_____ City, State, ZIP

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**