

Secretary of State

Department of Business Services
Limited Liability Division
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Springfield, IL 62756
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www.cyberdriveillinois.com

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Illinois
Uniform Limited Partnership Act
Amendment to the Certificate of Limited Partnership

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$50

Approved:

1. Limited Partnership Name: _____

2. Date of filing initial Certificate of Limited Partnership: _____

3. The Certificate of Limited Partnership is amended as follows:
(Check applicable changes below. For address changes, P.O. Box alone is unacceptable.)

- a) Admission of a new General Partner (state name, street and mailing address below).
- b) Dissociation of General Partner (state name below).
- c) Change in General Partner's name and/or address (state new name and address below).
- d) Change in Partner's total aggregate contribution amount (state new dollar amount below).
- e) Change in Limited Partnership's name (state new name below).
- f) Change of Designated Office (state new address below).
- g) Change of Registered Agent and/or Office (state new name and/or address below).
- h) Other (state information below).

4. Additional information by item:
(Attach additional sheets of this size if more space is needed.)

Form LP 202

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

The following signatures are required:

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

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity
(must be in good standing)

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity
(must be in good standing)

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity
(must be in good standing)

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity
(must be in good standing)

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