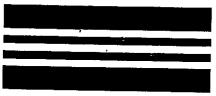
## **UNOFFICIAL COPY**





Doc#: 1513145039 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

				Karen A.Yarbrough Cook County Recorder of Deeds			
UCC FINANCING STATEMENT AMENDMENT			Date: 05/11/2015 08:54 AM Pg: 1 of 1				
FOLLOW INSTRUCTIONS					· / 1 g. 1 01		
A. NAME & PHONE OF CONTACT AT FILER [optional]							
Kaitlyn Sportel	320-978-6351						
B. E-MAIL CONTACT AT FILER (optional)							
kaitlyns@prinsbank.com c. se <del>nd a</del> cknowledgment to: (Name and Address)							
1							
Kaitlyn Sportel		]					
PO BOX 38							
Prinsburg, MN, 562	281	+ 1					
a. INITIAL FINANCING STATEMENT F LE #	1ъ. і	This FINANCIA	THE ABOVE SP	ACE IS FOR FILING OFFIC	E USE ONLY		
1212913002	1	(or recorded) in	THE REAL ESTATE A	NDMENT is to be filed [for RECORDS			
. TERMINATION: Effectiveness of the Finan Statement identification	ifled above is terminated with raspe	t to the encurity in	tent Addendum (For	n UCC3Ad) and provide [	bebtor's name in item		
Transport of the second of the					nation Statement.		
ASSIGNMENT (full or partial): Provide	gnee in item 7a or 7b, and address	of Assignee In ite	n 7c and name of As	singor in item 9			
CONTINUATION: Effectiveness of the Financing Statemen' ide continued for the additional period provided by applicable law.	ntired above with respect to securit	y interest(s) of the	Secured Party author	rizing this Continuation Sta	lement is		
PARTY INFORMATION CHANGE:		······································					
Check one of these two boxes: ANE	Check or a michese three boxes to						
This Change affects Debtor or Secured Party of record	CHANCE nam 1/or address item 6a of 6 , and tem 7a or	I: Complete	ADD name: Comp	olete item - DELETE na	me: Give record nam id in Item 6a or 6b.		
CURRENT RECORD INFORMATION: Complete for Party Inform	nation Change - L'ovide one name	(6a or 6b)		/c to be delete	d in Item 6a or 6b.		
6a. ORGANIZATION'S NAME		(OZ OI OD)			<del></del>		
_							
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	a /F	ADDITION	AL NAME(S)/INITIAL(S)	Taurani -		
			ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX		
CHANGED OR ADDED INFORMATION: Complete for Assistance	nt or Book toler and to						
CHANGED OR ADDED INFORMATION: Complete for Assignment of abbreviate any part of the Debtor's name)	int or Party Information Change - p	rovide only file h	me (7a or 7b) (use e)	act, full name; do not omit	, modify,		
7a. ORGANIZATION'S NAME							
Greenwich Investors XLVII Trust 2014-1			<b>0</b> .		· · · · · · · · · · · · · · · · · · ·		
7b. INDIVIDUAL'S SURNAME							
			T'_				
INDIVIDUAL'S FIRST PERSONAL NAME			2,'				
The state of the s							
INDU/ID				<i>J</i> .c			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			· <del></del>	-/X:-	SUFFIX		
MAILING ADDRESS	CITY		STATE	POSTAL COUE	COUNTRY		
O BOX 38	Prinsburg		1 1	56281	USA		
COLLATERAL CHANGE: Also check one of these four boxes:	1.50				OOA		
	ADD collateral DELETE colla	teral RESTA	TE covered collatera	ASSIGN collateral			
201 33 MAIN THE SUITH 1/2 (1	F LOT 54 IN BLOCK 44 IN	ANDREW AN	D PIPER'S THI	RD T			
31, TOWNSHIP 39 NORTH RAN	ICE 12 EAST OF THE WAY	NORTHWES	T 1/4 OF SEC的	ON			
COOK COUNTY, ILLINOIS P.I	.N. 16-31-108-010-0000	O I KINCIPA	L MEKIDIAN, U	N			
A.K.A. 3221 S. HARLEM AVENU							
ALL ASSETS INCLUDING, BUT EQUIPMENT ON THE PREMISE	NOT LIMITED TO FURNJ S.	SHINGS, FIX	TURES, AND				
	,	•					
ANTI-OF OFFICE				<u> </u>			
AME OF SECURED PARTY OF RECORD AUTHORIZING THI	IS AMENDMENT Provide only o	ne name (9a or 9b)	(name of Assignor, if	this is an Assignment)			
this is an Amendment authorized by a DEBTOR, check here and and a. ORGANIZATION'S NAME	provide name of authorizing Debto	·	- •	• •			
sa. Organization's name Greenchoice Bank							
95. INDIVIDUAL'S SURNAME							
90. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	/E	TADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX		

FILING OFFICE COPY— UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

10. OPTIONAL FILER REFERENCE DATA

surin suchart

SUFFIX