UNOFFICIAL COPY

JCC FINANCING STATEMENT	AMENDMENT
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FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Giendale_Customer_Service@wolt	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-2071	48233353 ILIL FIXTURE
en was Cask II	



Doc#: 1515439079 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 06/03/2015 02:46 PM Pg: 1 of 2

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		THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
File with Cook, IL		45 KAThis FINANCING STA	TEMENT AMENDMENT is to be filed [for	Lecoral
NITIAL FINANCING STATEMENT FILE NO TER		(Or recorded) in the r	Addendum (Form UCC3Ad) and provide Debtor:	s name in tent 10
0819011 1/8/2009 CC IL Cock		tannost to the security intere	st(s) of Secured Party authorizing this Terr	nination
0819011 1/8/2009 CC IL Cock TERMINATION: Effectiveness of the Financing Str.	ement identified above is terminated will	Trespect to allo decemy		
Statement ASSIGNMENT (full or partial): Provide name of Ass	igrae ir itco. 7a or 7b, and address of A	ssignee in item 7c <u>and</u> name	of Assignor in item 9	
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and CONTINUATION: Effectiveness of the Financing St	also indicate affected collateral in item	the security interest(s) of Sec	ured Party authorizing this Continuation St	atement is
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by app	latement lide numed above with respect to			
PARTY INFORMATION CHANGE:	AND Check one of these three bo	oxes to:	DCI ETE name:	Give record name
Check one of these two boxes:	CHANG' name and/or	address, Complete — voi	on name: Complete item DELETE name: or 7b, and item 7c to be deleted in item.	tem 6a or 6b
C C conword Party of		78 01 10 5115		
This Change affects Debtor or Description of CURRENT RECORD INFORMATION: Complete for Page 1	arty Information Change - provide only or	le liane (oz or oz)		
6a, ORGANIZATION'S NAME				
4309-4317 S. Indiana, LLC	FIRST PERSO	NAI NAM'	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
6b. INDIVIDUAL'S SURNAME		~//		
		77 - 78-1 - 17-00 Fr	Il name: do not omit, modify, or abbreviate any part of the	ne Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for A	ssignment or Party Information Change - provide on	ly one name (/a or /b) (use c tact, lu		
7a, ORGANIZATION'S NAME		4/2		
7b. INDIVIDUAL'S SURNAME			<i>A</i> ,	
70. 840/400				
INDIVIDUAL'S FIRST PERSONAL NAME			0.	
INDIVIDOR — S · ·			(-)	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)			//:	ŀ
INDIAIDOVE			STATE POST & CODE	COUNTRY
THE APPRESS	CITY			İ
7c. MAILING ADDRESS				ASSIGN collate
	f these four boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	J ASSIGN CONSIGN
B. COLLATERAL CHANGE: Also check one of	I these lour boxes.			
Indicate collateral:				~ /
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				<u> </u>
				S
			or 9h) (name of Assignor, if this is an Assig	nment)
9. NAME OF SECURED PARTY OF RECORD	AUTHORIZING THIS AMENDMENT	Provide only one name (92	TOI ab) (tibilia or) word	
NAME OF SECURED PARTY of TREE of this is an Amendment authorized by a DEBTOR, or	theck here and provide name of aut	horizing Debtor		₩ [
9a, ORGANIZATION'S NAME				
BANKFINANCIAL, F.S.B.			ADDITIONAL NAME(S)INITIAL(S)	SUFFEE
OR 9b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	\[\frac{1}{2}\]	IN
90. INDIVIDUALS SSISTANIIS	l l			

48233353 FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

3117/1902011982

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: 4309-4317 S. Indiana, LLC

T۷ Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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LC	OW INSTRUCTIONS	idinora /=			
NIT NO	DW INSTRUCTIONS FIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer 819011 1/8/2009 CC IL Cook				
NΙΔ	819011 1/8/2009 CC IL COUR ME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	Amendment form			
T	22 ORGANIZATION'S NAME				
۱	BANKFINANCIAL, F.S.B.				
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L	12b. INDIVIDUAL'S SURNAME		l l		
١	12b, INDIVIDUAL 3 GOLDAN		{		
ŀ	FIRST PERSONAL NAME		1		
١		SUFFIX			ONLY
t	ADDITIONAL NAME(SYINITIAL(S)			SPACE IS FOR FILING OFFICE USE	13): Provide only
	ADDITIONAL NAME(SYINITIAL(S) Name of DEBTOR on related financing statement (hame of a current Debtone Debtor name (13a or 13b) (use exact, full nexact) do not omit, modify, the one of the content of t	or of record required for inc	dexing purposes only in sor	ne filing offices - see institution ructions if name does not fit	
}. l	Name of DEBTOR on related financing stateme.it () and of 2 con-	or abbreviate any part of th	e Debioi s namo), ess		
	13a. ORGANIZATION'S NAME				
	4309-4317 S. Indiana, LLC	FIRST PERSONAL NA	 MË	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
ĸŔ	13b. INDIVIDUAL'S SURNAME	FIRST PERSONNET		\	
;e	ector Name and Address:	AD , BURR F ID(E, IL	60527		
3e 3/	ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROA	AD , BURR F ID(E, IL	60527		
Se 3.4	ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROA	AD , BURR F ID(E, IL	60527	SOFFICE	
See 3.	ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROA		17. Description of real esta	ite:	HEREOF TAKE
34 34	ecured Party Name and Address: ANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROA	is filed as a fixture filing	17. Description of real esta LOTS 11 AND 12 (E) FOR WIDENING MIC		FOF THE MORTH RANG
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