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_Glendale_Customer_Service@wolte	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	8839 - BCM	
CT Lien Solutions	52214472	
P.O. Box 29071 Glendale, CA 91209-9071	ILIL	
	FIXTURE	1
File with: Cook, IL	•	



Doc#: 1602639010 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/26/2016 09:29 AM Pg: 1 of 3

P.O. Box 29071	02217712			
Glendale, CA 91209-9071	1LIL			
	FIXTURE 1	1		
	, ., •	THE ABOVE S	PACE IS FOR FILING OFFICE	LISE ONLY
File w th: Cook, IL			ATEMENT AMENDMENT is to be file	
1a. INITIAL FINANCING STATEMENT FILE IN MBER 1115310062 6/2/2011 CC IL CUC.		(or recorded) in the F	REAL ESTATE RECORDS t Addendum (Form UCC3Ad) and provide	
TERMINATION: Effectiveness of the Financing Statem	and identified above is terminated with			
Statement		· · · · · · · · · · · · · · · · · · ·		
ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 <u>and</u> all	o indicate affected collateral in item 8			
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applical	ment ider affied above with respect to ble law	the security interest(s) of Sec	ured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check the rithuse three both			ame: Give record name
This Change affects Debtor or Secured Party of reco	ord CHANCE name and/or a item 6a o 6b; and from	7a or 7b <u>and</u> item 7c 7a o	r 7b, and item 7cto be delet	ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party	Information Change - provide only on	e name (6a or 6b)		
6a. ORGANIZATION'S NAME		),		
6 WEST L.L.C.		9	ADDITIONAL NAME(S)INITIAL(S	SUFFIX
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL N/ME	ADDITIONAL NAME(S)/INTTIAL(S	30171X
7. CHANGED OR ADDED INFORMATION: Complete for Assignm	nent or Party Information Change - provide only	one name (/a or 7b) (us co.t, full	name; do not omit, modify, or abbreviate any pa	art of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME			<b>/</b> /	
		·	1	<u> </u>
INDIVIDUAL'S FIRST PERSONAL NAME			3	
				Tr-33-33
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			155.	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL COD	COUNTRY
			<u></u>	
8. COLLATERAL CHANGE: Also check one of these	e four boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				8
				P 3
				SW
				M
9. NAME OF SECURED PARTY OF RECORD AUTO	HORIZING THIS AMENDMENT:	Provide only <u>one</u> name (9a or	9b) (name of Assignor, if this is an As	ssignment)
If this is an Amendment authorized by a DEBTOR, check h	ere and provide name of authori	zing Debtor		<u> </u>
98. ORGANIZATION'S NAME SUN LIFE ASSURANCE COMPANY C	F CANADA			<u>t/_</u>
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(	s) N surfix A
10. OPTIONAL FILER REFERENCE DATA: Debtor Nam	ne: 6 WEST LLC			<u> </u>
52214472 706064935			L	

52214472

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## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1115310062 6/2/2011 CC IL Cook				
12.,NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
12a, ORGANIZATION'S NAME	om			
SUN LIFE ASSURANCE COMPANY OF CANADA				
		1		
OR - GEL INDRIGOLIANG CHOMANG		l		
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
I MOTT ENOUGHE MARIE				
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	ł		
		THE ABOVE SP	ACE IS FOR FILING OFFICE US	E ONLY
13. Name of DEBTOR on related financing statems at (f'ame of a current Debtor of record required Debtor name (13a or 13b) (use exact, full name do not omit, modify, or abbreviate as				13): Provide only
13a. ORGANIZATION'S NAME 6 WEST L.L.C.				
O.P.	RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			· · · · · · · · · · · · · · · · · · ·	
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: 6 WEST L.L.C 333 WEST WACKER DRIVE SUITE 1700, CHICACC, iL 60	0606			
Secured Party Name and Address: SUN LIFE ASSURANCE COMPANY OF CANADA - ONE SUN LIFE EXECUTION OF CANADA - ONE SUN LIFE EX	TIVE PARK,	WELLESLEY HILL	S, MA 02481	
	9	WELLESLEY HILL	SOM CO	
15. This FINANCING STATEMENT AMENDMENT:	1	tion of real estate:		
covers timber to be cut covers as-extracted collateral is filed as a fixture  16. Name and address of a RECORD OWNER of real estate described in item 17	PROF	ERTY ADDI	RESS:	
(if Debtor does not have a record interest):				
	6 W H	IUBBARD S	Γ,	
	CHICA	AGO, IL.		
	TAX F	PARCEL ID#		
	47000			
		2550250000		
	17092	2550260000		
	[ See Ex	chibit for Real Est	ate ]	
18. MISCELLANEOUS: 52214472-IL-31 8839 - BCM SUN LIFE ASSURA	NCE COMPANY OF	File with: Cook, IL	706064935 L	

1602639010 Page: 3 of 3

## **UNOFFICIAL COPY**

Debtor: 6 WEST L.L.C.

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

**LEGAL DESCRIPTION:** 

PARCEL 1:

LOT 1 IN BLOCK 8 IN WOLCOTT'S ADDITION TO CHICAGO IN COOK COUNTY. ILLINGIS, SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

LOT 2 IN BLOCK 1347 EINZIE'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE NORTH FRACTIONAL SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK The County Clark's Office COUNTY, ILLINOIS.

Parcel ID:

17092550250000,17092550260000