### **INOFFICIAL COPY**

|      | 1000 1000 1000 1000 1000 1000 1000 100 |
|------|--|
| 1610 | 1029056                                |

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 118409291 - 345230

Doc#: 1619029056 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 07/08/2016 03:11 PM Pg: 1 of 3

| Corporation Service Company   |  |  |                            |
|---|--|--|----------------------------|
| 801 Adlai Stevenson Drive   |  |  |                            |
| Springfield, IL 6270° Fi  | iled In: Illinois  |  |                            |
|   | (Cook)   |  |                            |
|   |  | OVE SPACE IS FOR FILING OFFICE USE   |                            |
| 1a. NITIAL FINANCING STATEMENT IN NUMBER  | 1b. This FINANCIN  | NG STATEMENT AMENDMENT is to be filed (for   | r record]                  |
| 1216439059 06/12/2012   | (or recorded) if   | n the REAL ESTATE RECORDS<br>endment Addendum (Form UCC3Ad) <u>and provide Deb</u> | tor's name in item 13      |
| 2. TERMINATION: Effectiveness of true Final cing Statement identified a   |  |  |                            |
| Statement   | but is tollished wat respect to the con-                                 | ,  |                            |
| 3. ASSIGNMENT (full or partial): Provide flume of Assignee in item 7a of  | or 7h, and address of Assigned in item 7s                                | and name of Assignor in item 9   |                            |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a of For partial assignment, complete items 7 and 9 and also indicate affected.                | ed collateral in item 8  | and hame of Assignor in term o   |                            |
|   |  | Manager Continue   | tion Statement is          |
| CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable la /                                 | d above with respect to the security interes                             | st(s) of Secured Party authorizing this Continua                                   | non Statement is           |
| continued for the additional period provided by approache to  |  |  |                            |
| 5, PARTY INFORMATION CHANGE:  |  |  |                            |
|   | ું e of these three boxes to:<br>પં.પC.≓ name and/or address: Complete ા | ADD name: Complete itemDELETE name   | : Give record name         |
| This Change affects Debtor or Secured Party of record ite   | m so or 6b; and item 7a or 7b and item 7c                                | 7a or 7b, and item 7c to be deleted in   | n item 6a or 6b            |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information C   | hange - provide only <u>one</u> name (6a or 6b)                          |  |                            |
| 6a. ORGANIZATION'S NAMEAMRIT-LAKE STREET, LLC   | C  |  |                            |
|   | 0,   |  |                            |
| OR 6b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME  | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX                     |
|   | 70,  |  |                            |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info  | ormation Change - provide only one had a (72 or 7b) (us                  | se exact full name: do not omit, modify, or abbreviate any par                     | t of the Debtor's name)    |
| 7a. ORGANIZATION'S NAME   | , , , , , , , , , , , , , , , , , , ,                                    |  |                            |
|   |  |  |                            |
| OR 7b. INDIVIDUAL'S SURNAME   |  |  |                            |
| 74. Hypry Boy M. O CONTOUNE   |  | Q <sub>A</sub> .   |                            |
|   |  |  |                            |
|   |  |  |                            |
| INDIVIDUAL'S FIRST PERSONAL NAME  |  |  |                            |
|   |  | 3  | Terreery                   |
| INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  | 2  | SUFFIX                     |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  | O <sub>c</sub>   |                            |
|   | CITY   | STATE FUSTAL CODE  | SUFFIX                     |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | CITY   | STATE FUSTAL GODE  |                            |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS   | CITY  ADD collateral DELETE collatera                                    | 1/0  |                            |
| 7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes:  | ADD collateral DELETE collatera  | RESTATE covered colla era  | COUNTRY  ASSIGN collateral |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS   | ADD collateral DELETE collatera  | RESTATE covered colla era  | COUNTRY  ASSIGN collateral |
| 7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes:  | ADD collateral DELETE collatera  | RESTATE covered colla era  | COUNTRY  ASSIGN collateral |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes:  FURNITURE, FIXTURES AND EQUIPMENT AND | ADD collateral DELETE collatera  | RESTATE covered colla era  | COUNTRY  ASSIGN collateral |

| NAME OF SECURED PARTY OF RECORD AU     If this is an Amendment authorized by a DEBTOR, check | THORIZING THIS AMENDMENT: Provide only one name here and provide name of authorizing Debtor | (9a or 9b) (name of Assignor, if this is an Assignme | ent)     |
|--|---|--|----------|
| 9a. ORGANIZATION'S NAMEHEARTLAND BA OR 9b. INDIVIDUAL'S SURNAME                              | NK AND TRUST COMPANY  FIRST PERSONAL NAME   | ADDITIONAL NAME(S)/INITIAL(S)                        | SUFFIX   |
| 10. OPTIONAL FILER REFERENCE DATA: Debtor;   | AMRIT-LAKE STREET, LLC  |  | 11940020 |

CCRDREVIEW

1619029056 Page: 2 of 3

# **UNOFFICIAL COPY**

| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS  |                       | l<br>1   |                 |
|--|-----------------------|--|-----------------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on At $1216439059\ 06/12/2012$  | menament form         |  |                 |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 o   | n Amendment form      |  |                 |
| 12a. ORGANIZATION'S NAME HEARTLAND BANK AND TRUST COMPANY  |                       |  |                 |
| OR 12b. INDIVIDUAL'S SURNAME   |                       |  |                 |
| FIRST PERSONAL NAME (2)  | louisely.             |  |                 |
| ADDITIONAL NAME(S)/IN TIA _(S)   | SUFFIX                | THE ABOVE SPACE IS FOR FILING OFFICE US          | SE ONI V        |
| 13. Name of DEBTOR on related financing statement (Name of a current Debton 2012) Debtor name (13a or 13b) (use exact, full name do not omit, modify, or abbreating ORGANIZATION'S NAME AMRIT-LAKE STREET, LLC | •                     |  | 3): Provide oni |
| OR 13b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME   | ADDITIONAL NAME(S)/INITIAL(S)                    | SUFFIX          |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  | F County              |  |                 |
| 15. This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral is filed a  16. Name and address of a RECORD OWNER of real estate described in item 17.                        | 17. Descript<br>SEE A | ion of real estate.<br>TTACHED LEGAL DESCRIPTION |                 |

18. MISCELLANEOUS:

(if Debtor does not have a record interest):

1619029056 Page: 3 of 3

## **UNOFFICIAL COPY**

### Legal Description:

SUB LOT 7 OF LOTS 1 AND 4 IN BLOCK 27 IN ORIGINAL TOWN OF CHICAGO IN SECTION 9, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly Known As:

555 W. Lake Street, Chicago, Illinois 60661

Tax Identification Number:

Cook County Clerk's Office 17-09-323-004-0000.