

1705215132

UCC FINANCING STATEMENT AMENDMENT

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_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -
CT Lien Solutions P.O. Box 29071	57486306
Glendale, CA 91209-9071	ILIL
	FIXTURE

Doc#	170521513	₹2 Faa	\$42	111
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/21/2017 02:12 PM PG: 1 OF 3

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	Glendale, CA 91209-9071	ILIL			•	
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<u> </u>	File with: Cook, IL				OR FILING OFFICE U	
	NITIAL FINANCING STATEMENT FILE NUMBER 3410011 5/14/2014 CC IL COCK		(or recorded) in	the REAL ESTATE	ENDMENT is to be filed [RECORDS m UCC3Ad) and provide Deb	
2. 🛭	TERMINATION: Effectiveness of the Financing Statement	ent identified above is terminated w	ith respect to the security	interest(s) of Secure	ed Party authorizing this T	ermination
3. [ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and al			name of Assignor in	item 9 *	
4. [CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applical		o the security interest(s) or	f Secured Party auti	horizing this Continuation	Statement is
5.	PARTY INFORMATION CHANGE:				, , , , , , , , , , , , , , , , , , , 	
Ç	heck one of these two boxes:	AND Check one of these three t				
П	his Change affects Debtor or Secured Party of reco	cHANGÉ ame and/o item 6a or ôb; ar _ itei	r address: Complete 7a or 7b <u>and</u> item 7c	ADD name: Comple 7a or 7b, and item 7	te item DELETE name c De deleted i	e: Give record name in item 6a or 6b
6. CI	URRENT RECORD INFORMATION: Complete for Party	Information Change - provide only o	name (6a or 6b) '			
- [6a. ORGANIZATION'S NAME) ,		···	
	Chicago Center For Torah & Chesed, In	C.	42		•	
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ÄDDITIO	NAL NAME(SYINITIAL(S)	" SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignm	ent or Party Information Change - provide on	ly one name (7a or 7b) to se exact	hull marrie: do not omit.	modify, or abbreviate any part of	the Debtor's name)
	7a. ORGANIZATION'S NAME	•			,	· · · · · · · · · · · · · · · · · · ·
OR	7b. INDIVIDUAL'S SURNAME					
-	•			7		
ı	INDIVIOUAL'S FIRST PERSONAL NAME		·	θ_{r}		
ľ	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX
7c. N	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these	four boxes: ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
	Indicate collateral:	Todi boxes. Abb conficción		E NEO IAI E	oovered condicial	ACCICIA CONSTENS
THE	f 109 IN KRENN AND DATO'S DEVON KEDZ E NORTHWEST 1/4 OF SECTION 1, TOWNSI NOIS.					
Pare	cel Number: 13-01-101-019-0000					P
Prop	perty Address: 6315 N Troy Street, Chicago IL	_ 60659				SZ
	AME OF SECURED PARTY OF RECORD AUTH	ODIZINO TUIO AMENDMENT	Oid (O-	05) / (8	if at i A i	nent) A

FIRST PERSONAL NAME

INTRY	-
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S.	45 J
S	N
M.	N
SC	i Gen
F	_0

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Chicago Center For Torah & Chesed, Inc.

57486306 3117 / 1902067640

9a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.

9b. INDIVIDUAL'S SURNAME

692 BR

ADDITIONAL NAME(SYINITIAL(S)

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UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT A	DDENDUM		
FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendm	ent form		
1413410011 5/14/2014 CC IL Cook			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	ndment form		
12a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of reone Debtor name (13a or 13b) (use exact, full name; Joinot omit, modify, or abbridge)		purposes only in some filing offices - see Instruction item	
13a. ORGANIZATION'S NAME Chicago Center For Torah & Chesed, Inc.			
OP	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX .
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: Chicago Center For Torah & Chesed, Inc 6333 N. Troy St., Chicago Secured Party Name and Address: BANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD, BL	JRR RID 3E II. 60527	ion of real estate:	
covers timber to be cut covers as-extracted collateral is filed as: 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	KEDZI BEING NORT OF SE RANG MERIE	09 IN KRENN AND DATO'S DE ADDITION TO NORTH EDGE A SUBDIVISION OF THE HWEST 1/4 OF THE NORTH ECTION 1, TOWNSHIP 40 NOI E 13 EAST OF THE THIRD PLOIAN, IN COOK COUNTY, ILL	SEWATER VEST 1/4 RTH, RINCIPAL INOIS.

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

BANKFINANCIAL, F.S.B.

18. MISCELLANEOUS: 57486306-IL-31 15715 - Bank Financial - Mai

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Debtor: Chicago Center For Torah & Chesed, Inc.

Exhibit for Real Estate

17. Description of real estate:

Continued

Chicago IL 60659

Parcel Number: 13-01-101-019-0000

Parcel ID:

On Cook County Clark's Office 13-01-101-049-0000