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Doc# 1709641013 Fee \$42.00

| UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS   |  | RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS |  |                       |  |
|---|--|--|--|-----------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)  |  |  | DATE: 04/06/2017 09:58   | AM PG: 1 OF 3         |  |
| Nick Barzellone 405-236-0003  B. E-MAIL CONTACT AT FILER (optional)   |  |  | <u></u>  |                       |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  |  |  | _ · · · · · · ·       |  |
| McCoy & Orta, P.C.  | $\neg$   |  |  |                       |  |
| 100 North Broadway, 26th Floor  |  |  |  |                       |  |
| Oklahoma Citv. CK 73102   |  |  |  |                       |  |
|   |  |  |  | _                     |  |
| 1a. INITIAL FINANCING STATEMENT: I' = JUMBER  |  |  | CE IS FOR FILING OFFICE USE  |                       |  |
| 1633713032 filed 12/2/16  |  | (or recorded) in the REAL  | MENT AMENDMENT is to be filed (fo<br>. ESTATE RECORDS<br>dendum (Form UCC3Ad) <u>and</u> provide Det | •                     |  |
| TERMINATION: Effectiveness of the F'nancing Statement identified Statement  | above is terminated wi                                   |  |  |                       |  |
| 3. ASSIGNMENT (Liptor partial): Provide name of Actionee in item 7a  For partial assignment, complete items 7 and 9 and also include affect   | or 7b, <u>and</u> address of<br>led collateral in item 8 | Assignee in item 7c <u>and</u> name c  | of Assignor in item 9  |                       |  |
| 4. CONTINUATION: Effectiveness of the Financing Statemen, identifier continued for the additional period provided by applicable lax   | d above with respect t                                   | o the security interest(s) of Sec  | <br>ured Party authorizing this Continua   | tion Statement is     |  |
| 5. PARTY INFORMATION CHANGE:  |  | <del></del>  |  |                       |  |
| Check one of these two boxes:   | con∡o′ these three box<br>HANGE name and/or ad           | dress: CompleteADD nam   |  | : Give record name    |  |
| This Change affects Debtor or Secured Party of record its  6. CURRENT RECORD INFORMATION: Complete for Party Information Complete.  | em 6a or 6b; and item 7a                                 |  | and item 7c to be deleted in   | nitem 6a or 6b        |  |
| 6a. ORGANIZATION'S NAME   | Mango p Mac ciny <u>or</u>                               | TE Hamb (ca or ob)   |  |                       |  |
| OR  |  | <u>/</u>   |  |                       |  |
| 6b. INDIVIDUAL'S SURNAME  | FIRST PERSON:  | L MAN'E  | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX                |  |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info  7a. ORGANIZATION'S NAME   | ormation Change - provide on                             | ly <u>one rame (7a or 7b) (use</u> exact, full na                                | me, do not omit, modify, or abbreviate any part  | of the Debtor's name) |  |
| WILMINGTON TRUST, NATIONAL ASSOCIAT   | ION AS TRUS  | STEE*  |  |                       |  |
| b. INDIVIDUAL'S SURNAME   |  |  |  |                       |  |
| INDIVIDUAL'S FIRST PERSONAL NAME  |  | 7  |  | <del>_</del>          |  |
|   |  |  | 0.   |                       |  |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |  |  | O <sub>X</sub>   | SUFFIX                |  |
| 7c. MAILING ADDRESS   | CITY   |  | STATE POSTAL CODE  | COUNTRY               |  |
| 1100 North Market Street  | Wilmington   | )  | DE 19890   | USA                   |  |
| B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  * FOR THE BENEFIT OF THE REGISTERED HOL 2016-C37, COMMERCIAL MORTGAGE PASS-THI AS "LEAD SECURITIZATION NOTE HOLDER" |  | LLS FARGO COMMI  | ERCIAL MORTGAGE T  |                       |  |
|   |  |  |  | <u> </u>              |  |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here ☐ and provi  | S AMENDMENT: Pro<br>de name of authorizing               |  | ame of Assignor, if this is an Assignm   | ent) S N              |  |
| 9a. ORGANIZATION'S NAME<br>BARCLAYS BANK PLC  |  |  | <u></u>  | <u> </u>              |  |

|    | If this is an Amendment authorized by a DEBTOR, check here | ORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (n | alle di Assignor, ir tilis is an Assignino | "",          |
|----|--|---|--|--------------|
|    |  | and provide name of authorizing Debtor                      |  | <del>`</del> |
|    | 9a. ORGANIZATION'S NAME                                    |   |  |              |
|    | BARCLAYS BANK PLC  |   |  | į.           |
| OR | OF INDIVIDUALS CHOMANE                                     | · · · · · · · · · · · · · · · · · · ·                       | ADDITIONAL NAME (SVINITIAL (S)             | Teneenv '    |
|    |  | EIDOZ DEDCOMAL MANE   |  |              |

10. OPTIONAL FILER REFERENCE DATA: 8585 South 77th Avenue Reference No.: 2453.012 FILE WITH COOK COUNTY, IL

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|           | LOW INSTRUCTIONS   | I AUUE                                       | ENDOM                 |                               |                               |                   |  |
|-----------|--|--|-----------------------|-------------------------------|-------------------------------|-------------------|--|
| 11.<br>16 | INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 33713032 filed 12/2/16   | Amendment form                               |                       |                               |                               |                   |  |
|           | 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form   |  |                       |                               |                               |                   |  |
|           | 128. ORGANIZATION'S NAME<br>BARCLAYS BANK PLC  | on a more more                               | osta -                |                               |                               |                   |  |
|           |  | <u>.                                    </u> |                       |                               |                               |                   |  |
| OR        | 12b. INDIVIDUAL'S SURNAME  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           | FIRST PERSONALN, W_  |  |                       |                               |                               |                   |  |
|           | ADDITIONAL NAME(S)/IN.TV.L(C)  | 1 6  | BUFFIX                |                               |                               |                   |  |
|           |  | ľ  |                       | THE ABOVE S                   | CRACE IS EOD EILING OFFICE I  | ISE ONLY          |  |
| 13.       | Name of DEBTOR on related financing sais nent (Name of a current Debt  | tor of record rea                            |                       |                               | SPACE IS FOR FILING OFFICE L  |                   |  |
|           | one Debtor name (13a or 13b) (use exact, full nume do not omit, modify, or abbre   | eviate any part o                            | of the Debtor's name) | ); see Instruction            | s if name does not fit        | 13). Flovide only |  |
|           | 13a. ORGANIZATION'S NAME<br>GFG CI-1 LLC   |  |                       |                               |                               |                   |  |
| OR        | 13h INDIVIDITAL'S STIRNAME   | FIRST PERSO                                  | DNAL NAME             |                               | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX            |  |
|           | ADDITION OF THE PARTY OF THE PA |  |                       |                               |                               |                   |  |
| 14, /     | ADDITIONAL SPACE FOR ITEM 8 (Collateral):  |  |                       |                               |                               |                   |  |
|           | <u> </u>   | <del>/</del>                                 |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           | •  | `  | Y) *                  |                               |                               |                   |  |
|           |  |  | 11                    |                               |                               |                   |  |
|           | 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  |  |                       |                               |                               |                   |  |
|           | C'y  |  |                       |                               |                               |                   |  |
|           |  |  |                       | 10                            |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               | Office                        |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               | 102                           |                   |  |
|           |  |  |                       |                               | 0                             |                   |  |
| 15. T     | his FINANCING STATEMENT AMENDMENT:   |  | 17. Description of re | eal estate:                   |                               |                   |  |
| [         | covers timber to be cut  | s a fixture filing                           | ·                     |                               | more specifically describ     | ed on             |  |
|           | lame and address of a RECORD OWNER of real estate described in item 17 if Debtor does not have a record interest):   | <del>-</del>                                 |                       |                               | ereto and made a part h       |                   |  |
| ,         | i bestor coes not have a record interesty.   |  |                       |                               |                               |                   |  |
|           | ,  |  |                       |                               |                               |                   |  |
|           |  |  |                       | Parcel ID: 18-36-306-009-0000 |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
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|           |  | ,  |                       |                               |                               |                   |  |
|           |  |  |                       |                               |                               |                   |  |
| 18. N     | MSCELLANEOUS:  |  |                       |                               |                               |                   |  |

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### **EXHIBIT A**

#### LEGAL DESCRIPTION

THAT PART OF THE EAST HALF OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE WEST LINE OF SAID EAST HALF OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 36, 179.0 FEET (AS MEASURED ALONG THE WEST LINE) NORTH OF THE SOUTH LINE OF SAID SECTION 36; THENCE EAST ALONG A LINE PERPENDICULAR TO THE LAST DESCRIBED COURSE, A DISTANCE OF 33.0 FEET TO THE POINT OF BEGINNING: THENCE NORTH ALONG A LINE 33.0 FEET EAST OF AND PARALLEL TO THE WEST LINE OF THE EAST HALF OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SAID SECTION 36, A DISTANCE OF 1212.0 FEET; THENCE EAST ALONG A LINE PERPENDICULAR TO THE LAST DESCRIBED COURSE TO THE WEST LINE OF THE BALTIMORE AND OHIO CHICAGO TERMINAL RAYLROAD RIGHT OF WAY, (BEING THE EAST 33.0 FEET EAST HALF OF THE EAST HALF. OF THE SOUTHWEST QUARTER OF SECTION 36); THENCE SOUTHERLY ALONG SAID LOT, A DISTANCE OF 1122.0 FEET; THENCE SOUTHWESTERLY ALONG A STRAIGHT LINE TO THE POINT OF BEGINNING, (EXCEPT THAT PART DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHWEST CORNER OF SAID TRACT: THENCE NORTH ALONG THE WEST LINE OF SAID TRACT, A DISTANCE OF 429.0 FEET; THENCE EAST ALONG A LINE PARALLEL TO THE NORTH LINE OF SAID TRACT, A DISTANCE OF 510.0 FEET; THENCE NORTHEASTERLY ALONG A STRAIGHT LINE, A DISTANCE OF 240.0 FEET, MORE OR LESS TO A POINT ON THE EAST LINE OF SAID TRACT, SAID POINT BEING 559.89 FEET SOUTH OF THE NORTHFAST CORNER OF SAID TRACT; THENCE SOUTH ALONG THE EAST LINE OF SAID TRACT, A DISTANCE OF 562.11 FEET TO THE SOUTHEAST CORNER OF SAID TRACT THENCE WESTERLY ALONG THE SOUTH LINE OF SAID TRACT TO THE POINT OF BEGINNING; ALSO, EXCEPT THE NORTH 543.00 FEET OF SAID TRACT). ACL IN COOK COUNTY, ILLINOIS.

Property Identification Number: 18-36-306-009-0000

Street Address: 8585 S. 77th Street, Bridgeview, Illinois 60455

Reference No.: 2453.012

Matter Name: 8585 South 77th Avenue

Pool: WFCM 2016-C37