| UCC FINANCING | STATEMENT | AMENDMENT |
|---------------------|-----------|-----------|
| FOLLOW INCTOLIOTION | i.C | |

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (Optional)

B. EMAIL CONTACT AT FILER (Optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

GREGORY W. KUEHNLE, ESQUIRE TROUTMAN SANDERS LLP POST OFFICE BOX 1122 RICHMOND VIRGINIA 23218

| *1734119073* | |
|--------------|--|

Doc# 1734119073 Fee \$42.00

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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/07/2017 02:46 PM PG: 1 OF 3

| | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
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| 18 [] | NITIAL FILING NO | record] (or recorded) | | • |
|---|---|---|--|------------------|
| 2. | TERMINATION: Effectiveness of the Fine cinc statement identified above is terminated Statement | with respect to the security interest(s) of Sec | ured Party authorizing this Termination | |
| 3. | ASSIGNMENT (full or partial): Provide name of Assignment in item 7a or 7b, and address of For partial assignment, complete items 7 and 9 and also industry affected collateral in item. | of Assignee in item 7c and name of Assignor i 8 | n item 9 | |
| 4. | CONTINUATION: Effectiveness of the Financing Statement ider and above with respect continued for the additional period provided by applicable law | t to the security interest(s) of Secured Party 8 | authorizing this Continuation Statement is | |
| 5. | □ PARTY INFORMATION CHANGE: | | | |
| Çh | eck <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of these three | e boxes to: | | |
| INITIAL FILING NO. 3414 4040 File: attach Amendment Addendum (form UCC3Ad) and provide Debtor's name in item 13 2. □ TERMINATION: Effectiveness of the Fine cinc statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 3. ☑ ASSIGNMENT (full or partial): Provide name of Assign: in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. □ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is | | | | |
| 6. | | r y or a name (6a or 6b) | | |
| ٥ | Va. UNGAINEATION S NAME | 4 | | |
| | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 7. | CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p | provide only one name (7a or) (us exact, full name | do not omit, modify, or abbreviate any part of the | e Debtor's name) |
| _ | | ORATION | | |
| - 1 | | 2/2 | ^ | * |
| | INDIVIDUAL'S FIRST PERSONAL NAME | T | 7 | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | Ox | SUFFIX |
| i | ' ' ' | | 1 | |
| | L 8200 TONIES BRANCH DRIVE | MCIFAN | 1 V Δ 1/25102 | A PIT |

| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) | | | | |
|--|---|---------------------|-------------------------------|--------|
| If th | If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide name of authorizing Debtor | | | |
| - | 9a. ORGANIZATION'S NAME | | | |
| 0 | o SABAL TL1, LLC | | | |
| R | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| ļ | | | | |

DELETE collateral

10. OPTIONAL FILER REFERENCE DATA:

Indicate Collateral:

5417 N KENMORE AVE (LOCAL) FREDDIE MAC LOAN NO. 503820334

RESTATE covered co attral

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

ASSIGN collateral

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| | C FINANCING STATEMENT AMENDMENT A DOWN INSTRUCTIONS | DDENDUM | | | |
|--|--|--|---------------------------------------|---|--------------|
| | NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on An $\Gamma IAL\ FILING\ NO.$ | nendment form | | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME | | | | | |
| | SABAL TL1, LLC | | | | |
| | | | | | |
| OR | 12b. INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | | | | |
| | ADDITIONAL NAME(S)INITIAL(S) | SUFFIX | | | |
| 40. 11 | (DEDICO) | | | SPACE IS FOR FILING OFFICE USE | |
| 13. N | ame of DEBTOR (on related F ancing statement (Name of a current Debtor of reconnection Debtor of reconnection name (13a or 13b) (use e act, juli name; do not omit, modify, or abbreviate as | d required for indexing pur ny part of the Debtor's nan | poses only in so ne); see Instruct | ome filing offices – see Instruction Item 13): ions if name does not fit | Provide only |
| | 13a. ORGANIZATION'S NAME | | | | |
| OR | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NA | МЕ | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 14. A[| DDITIONAL SPACE FOR ITEM 8 (Collateral): | | | | |
| | O _F | | | | |
| | C_1 | | | | İ |
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| | IC SINANCING STATEMENT AMENIMENT: | () | | | |
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| | | 40, | K. | | |
| | | 3 | | | |
| | | | \mathbf{C} | • | |
| | IS FINANCING STATEMENT AMENDMENT. | 17. Description of | real estate: | 9 | |
| co | vers timber to be cut 🔲 covers as-extracted collateral 🔯 is filed as a fixture filing | | | Tt's Office | |
| | | | | 'S ~ | |
| | | | | $O_{x_{\alpha}}$ | |
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| | ne and address of a RECORD OWNER of real estate described in item 17 Debtor does not have a record interest): | | | · · · | _ |
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| 18 MI | SCELLANEOUS: | <u> </u> | | | |

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EXHIBIT A

Legal Description

Lot 16 in Block 6 in John Lewis Cochran's Subdivision, a Subdivision of the West 1/2 of the Northeast fractional quarter of Section 8, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Noldress: 5417 N. Kenmore Ane Chi'cago, Il 40640 P.N: 14-08-206-009

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY RECORDER OF DEEDS