# **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMEND FOLLOWINSTRUCTIONS	MENT	Doc# 18	*1814916016* 14916016 Fee \$42:	99
A. NAME & PHONE OF CONTACT AT FILER (optional)	***	i	- /	. <del></del>
Nick Barzellone 405-236-0003		RHSP FEE:	9.00 RPRF FEE: \$1.00	
B. E-MAIL CONTACT AT FILER (optional)		KAREN A.YA	RBROUGH	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		COOK COUNT	Y RECORDER OF DEEDS	
McCoy & Orta, P.C.	<del>-</del>	DATE: 05/2	9/2018 10:27 AM PG:	1 OF 3
100 North Broadway, 26th Floor	<u>'</u>	\		· /
Oklahoma City, Oi (73102				
Oklahoma City, Ort 73102	1			
		THE ABOVE SPA	CE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT F'.E N JMBER	1b	This FINANCING STATE	MENT AMENDMENT is to be filed	[for record]
1736013045 filed 12/26/17		Filer: attach Amendment Ad	dendum (Form UCC3Ad) and provide D	ebtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement identification.  Statement	ified above is terminated with	respect to the security intere	st(s) of Secured Party authorizing	this Termination
3. ASSIGNMENT (Tulbor partial): Provide name of A sign se in item For partial assignment, complete items 7 and 9 and alcorousate		ssignee in item 7c and name i	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemer (identification) continued for the additional period provided by applicable law	ent fied above with respect to	the security interest(s) of Sec	cured Party authorizing this Continu	ration Statement is
5. PARTY INFORMATION CHANGE:		<u>.                                    </u>	<del>-</del>	
Check one of these two boxes:	Check <u>of a</u> in these three boxe CHAIvG I name and/or add		ne: Complete itemDELETE nan	ne: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; au item 7a	or 7b <u>and</u> item 7c 7a or 7b	, <u>and</u> item 7c to be deleted	in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information       6a. ORGANIZATION'S NAME	tion Change - pr vide only on	ane (6a or 6b)		<u> </u>
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAM E	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of P  7a. ORGANIZATION'S NAME  WILMINGTON TRUST, NATIONAL ASSOC			ame; do not omit, modify, or abbreviate any p	art of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME			<u></u>	
INDIVIDUAL'S FIRST PERSONAL NAME			0	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			Vis.	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL FOUT	COUNTRY
1100 North Market Street	Wilmington		DE 19890	USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETÉ collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
* ON BEHALF OF THE REGISTERED HOLDER			ORTGAGE TRUST 20	18-B2,
COMMERCIAL MORTGAGE PASS-THROUGH	CERTIFICATES,	SERIES 2018-B2		<u></u>
				P っ
				S N
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	THIS AMENDMENT: Pro	vide only <u>one</u> name (9a or 9b) ( Debtor	name of Assignor, if this is an Assign	M, N
9a. ORGANIZATION'S NAME	·			SC Y
CITI REAL ESTATE FUNDING INC.	1 <del>-</del>			~ ~ /
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	, NAME	ADDITIONAL NAME(S)/INITIAL(S	E SUFFIX
10. OPTIONAL FILER REFERENCE DATA: City Suites Hotel Reference No.: 3103.030 FILE		INTV II		INT DI

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UCC FINANCING STATEMENT AMENDMENT ADDE	ENDUM .
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1736013045 filed 12/26/17	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for	om .
12a ORGANIZATION'S NAME CITI REAL ESTATE FUNDING INC.	
OR	
12b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME	
0.	BUFFIX
, and the second	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required Debtor name (13a or 13b) (use exact, full name identity to omit, modify, or abbreviate any part of 13a. ORGANIZATION'S NAME	uired for indexing purposes only in some filing offices - see instruction item 13); Provide only
BELMONT HOTEL INVESTMENTS, 21.3	
OR 13b INDIVIDUAL'S SURNAME FIRST PERSO	NAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	Clory's Office
15. This FINANCING STATEMENT AMENDMENT:  covers timber to be cut  covers as-extracted collateral  J is filed as a fixture filing  16. Name and address of a RECORD OWNER of real estate described in item 17  (if Debtor does not have a record interest):	17. Description of real estate: covering the property more specifically described on Exhibit "A", attached hereto and made a part hereof Property Address: 933 West Belmont Avenue, Chicago, IL 60657 Parcel ID: 14-29-204-005-0000
18. MISCELLANEOUS:	

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#### **EXHIBIT A**

### **LEGAL DESCRIPTION**

Real property in the City of Chicago, County of Cook, State of Illinois, described as follows:

LOTS 18 AND 19, IN MEISWINKEL'S SUBDIVISION OF THE WEST 768.37 FEET OF THAT PART OF THE NORTH 1/4 OF BLOCK 1, WEST OF GREEN BAY ROAD, IN CANAL TRUSTEES' SUBDIVISION OF THE EAST 1/2 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 14-29-204-005-0000

West b.

Cook County Clark's Office Property Address 33 West Belmont Avenue, Chicago, Illinois 60657