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|  |                                | i                              | 1001517099*  |                                       |
|--|--------------------------------|--------------------------------|--|---------------------------------------|
| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS  |                                |                                | *1821517099 Fee 4  |                                       |
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294  |                                |                                | FEE:\$9.00 RPRF FEE: \$1   | .00                                   |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com  |                                | 2004                           | N A.YARBROUGH<br>COUNTY RECORDER OF DEE  | DS and 3                              |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |                                | DATE                           | : 08/03/2018 03:07 PM  | pg: 1 Ur 3                            |
| 1500 78104<br>CSC  |                                | :                              | and the second of the second o |                                       |
| 801 Adlai Stevenson Drive<br>Springfield, IL 62703 Filed Ir  | n: Illinois                    |                                |  |                                       |
|  | (Cook)                         | THE ABOVE SPA                  | CE IS FOR FILING OFFICE USE  | ONLY                                  |
| 1a. INITIAL FINANCING STATEMENT OF 2N JMBER 0720618008 07/25/2007  | (or                            | FINANCING STATEM               | MENT AMENDMENT is to be filed (fo  | or record)                            |
| TERMINATION: Effectiveness of the Fi and g Statement identified above is     Statement   |                                |                                |  |                                       |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a  |                                | in item 7c <u>and</u> name o   | f Assignor in item 9   |                                       |
| For partial assignment, complete items 7 and 9 and 1 so 1 of the affected collar.  4. CONTINUATION: Effectiveness of the Financing Statement dentified above |                                | urity interest(s) of Sec       | ured Party authorizing this Continua   | tion Statement is                     |
| continued for the additional period provided by applicable law   | , with respect to the sec.     | only interest(s) of Sec        | ared Party authorizing this Continua   | non statement is                      |
| CHECK UNE ULTIESE (WG DOXES).  | nese three boxes to:           |                                |  |                                       |
| This Change affects Debtor or Secured Party of record ltem 6a (  | 6b; and item 7a or 7b and      | item 7c7a or 7b,               |  | : Give record name<br>n item 6a or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Information Change -     6a. ORGANIZATION'S NAMEROWland, LLC  | provide or ly one name (       | Sa or 6b)                      |  |                                       |
| np.  | DET DEDECH WAY ST              |                                | LADDITIONAL NAME/SVINITIAL/SV  | leneciv                               |
| OU. INDIVIDUAL S SURNAIME  | RST PERSONA N / wil            | ×,                             | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX                                |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information C 7a. ORGANIZATION'S NAME  | change - provide only one name | (ra or 7b) (wee exact, full na | me; do not omit, modify, or abbreviate any par   | of the Debtor's name)                 |
| OR 75. INDIVIDUAL'S SURNAME  |                                |                                |  |                                       |
|  |                                |                                | <b>/</b>   |                                       |
| INDIVIDUAL'S FIRST PERSONAL NAME   |                                |                                | S  |                                       |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   |                                |                                | O <sub>x</sub>   | SUFFIX                                |
| 7c. MAILING ADDRESS CI   | TY                             |                                | STATE POSTAL COOS  | COUNTRY                               |
| COLLATERAL CHANGE: Also check one of these four boxes: ADD co  | ollateral DELET                | E collateral R                 | ESTATE covered collateral  | ASSIGN collateral S.                  |
| Indicate collateral:   |                                | _                              |  | P <u>{</u>                            |
| •  |                                |                                |  | s 7                                   |
|  |                                |                                |  | ŏ~                                    |
| ·  |                                |                                |  | UU<br>Ti ai                           |
|  |                                |                                |  |                                       |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEI If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name                       |                                | one name (9a or 9b) (r         | ame of Assignor, if this is an Assignn   | nent)                                 |
| 9a. ORGANIZATION'S NAME Prudential Insurance Company of  | _                              |                                | -  | <del></del>                           |
| OR 9b. INDIVIDUAL'S SURNAME  | RST PERSONAL NAME              |                                | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX                                |
| 10. OPTIONAL FILER REFERENCE DATA:706107344 - Servicing D  | ebtor:Rowland.                 | LLC                            |  | 4500 70404                            |
| <b></b>  | ,                              |                                |  | 1500 78104                            |

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#### UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| FOLLOWINSTRUCTIONS  |                     | ••   |                   |  |  |  |  |
|---|---------------------|--|-------------------|--|--|--|--|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ar 0720618008 07/25/2007  | mendment form       | 1  |                   |  |  |  |  |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or   | Amendment form      | -  |                   |  |  |  |  |
| 12a, ORGANIZATION'S NAME  | 1                   |  |                   |  |  |  |  |
| Prudential Insurance Company of America   |                     |  |                   |  |  |  |  |
| ·   |                     | 1  |                   |  |  |  |  |
| OR 12b. INDIVIDUAL'S SURNAME  |                     | 4  |                   |  |  |  |  |
| 12b. INDIVIDUAL'S SURNAME   |                     |  |                   |  |  |  |  |
| FIRST PERSONAL NA. "  |                     | -  |                   |  |  |  |  |
|   |                     |  |                   |  |  |  |  |
| ADDITIONAL NAME(S)/INI TACIS,   | SUFFIX              | 1  |                   |  |  |  |  |
|   |                     | THE ABOVE SPACE IS FOR FILING OFFICE L             | JSE ONLY          |  |  |  |  |
| 13. Name of DEBTOR on related financing statement (Name of a current Debter one Debter name (13a or 13b) (use exact, full name; so not omit, modify, or abbre |                     |  | 13): Provide only |  |  |  |  |
| 13a. ORGANIZATION'S NAME  | •                   |  |                   |  |  |  |  |
| OR 13b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S)                      | SUFFIX            |  |  |  |  |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):   |                     |  |                   |  |  |  |  |
| 14, ADDITIONAL SPACE FOR ITEM 6 (Collateral):   |                     |  |                   |  |  |  |  |
|   | <b>T</b> _          |  |                   |  |  |  |  |
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|   | 0/2                 |  |                   |  |  |  |  |
|   |                     | Χ.   |                   |  |  |  |  |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):   |                     |  |                   |  |  |  |  |
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|   |                     | C  |                   |  |  |  |  |
| 15. This FINANCING STATEMENT AMENDMENT:   | 17. Descrip         | otion of real estate:<br>Description: See Attached |                   |  |  |  |  |
|   |                     | 7-10-116-004                                       |                   |  |  |  |  |
| <ol> <li>Name and address of a RECORD OWNER of real estate described in item 17<br/>(if Debtor does not have a record interest);</li> </ol>                   |                     | rty Address:                                       |                   |  |  |  |  |
|   |                     | st Ohio Street                                     |                   |  |  |  |  |
|   | Chicag              | go, IL   |                   |  |  |  |  |
|   |                     |  |                   |  |  |  |  |
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|   |                     |  | ·                 |  |  |  |  |
| 18. MISCELLANEOUS:  |                     |  |                   |  |  |  |  |

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#### Exhibit A

#### LEGAL DESCRIPTION OF LAND

The South 1/2 of Block 28 in Kinzie's Addition to Chicago in Section 10, Township 39 North, range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Address: 50 East Ohio Street, Chicago, IL

PiN: 17-10-116-004

COOK COUNTY
RECORDER OF DEEDS

COOK COUNTY RECORDER OF DEEDS

COOK COUNTY
RECORDER OF DEEDS