## UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT  POLIOW INSTRUCTIONS  A. NAME & PHOSE OF CONTROL TELER (optional)  NICK Barracine 405-236-0003  B. CAMEL CONTROL AT FILER (optional)  NICK Barracine 405-236-0003  B. CAMEL CONTROL AT FILER (optional)  C. SEND ADKNOWLEDGMENT TO: (Name and Address)  McCOy & Otta, P.C.  100 North Broadway, 26th Floor  Oklahoma City UK 73102  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  11. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  12. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  13. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  14. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  15. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  16. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  17. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  18. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  19. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. IN THE ABOVE SPAC			i ;					
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Fine statish Amendment Advances of the Figurian's Statement Identified above is terminated with respect to the security interest(s) of Secured Party suthercang this Termination statement.  3.			b. This FINANCIN	NG STATEMEN	T AMENDMENT			
Sistement  3. A SIGNMENT @pr partial; Provide name of Assignee in item 7a or 7a, and address of Assignee in item 7c and gad not include the for partial assignment, complete from 2 and 9 and 100 include of the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period provided by applicable level continued for the additional period per			Filer, attach Ame	endment Addendu	ım (Form UCC3Ad)			
Fig. partial assignment, complete tioms 7 and 9 and 180 Microbine affected collateral in tem 8	<ol> <li>TERMINATION: Effectiveness of the Fir ancing Statement identified above Statement</li> </ol>	s is terminated wi	th respect to the sec	urity interest(s)	of Secured Party	authorizing this	Termination	
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Check gag of these two boxes:  AND Check gag of these two boxes to two boxes:  AND Check gag of these two boxes to two boxes:  AND Check gag of these two boxes to two boxes:  AND Check gag of these two boxes to two boxes to two boxes:  AND Check gag of these two boxes to two boxes to two boxes:  AND Check gag of these two boxes to two boxes:  AND Check gag of these for two boxes to two boxes:  AND Check gag of the two boxes to two boxes t	CONTINUATION: Effectiveness of the Financing Statement Junit field abord continued for the additional period provided by applicable law.	ove with respect t	to the security interes	t(s) of Secured	Party authorizing	g this Continuatio	on Statement is	
This Change affects Debtor or Secured Party of record CHANG; usine another address. Complete Iram DELETE name. Give record name term 6a of 10 gap term 6a of 10 gap term 6a of 10 gap term 6a of 6a of 6b)  6c. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)  6c. ORGANIZATION'S NAME  OR 6b. INDIVIDUAL'S SURNAME  FIRST PERSONA: "Mixed  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assystment of Party Information Change - provide only one name (6a or 7b) (me exact, 4st name, 4b not omit, modely, or abservate any part of the Debtor's name)  7a. ORGANIZATION'S NAME  U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE*  7b. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7c. MAILING ADDRESS  One Federal St., 3rd Fl., Mail Code EX-MA-FED  Boston  CITY  Boston  CITY  STATE  POSTAL COST  COUNTRY  USA  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral indicate collateral: ASSIGN col	5. PARTY INFORMATION CHANGE:							
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - profiled only got name (Sa or 6b)  [5a. ORGANIZATION'S NAME  OR [5b. INDIVIDUAL'S SURNAME  FIRST PERSONA: N. M. C.  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only got name (Sa or 7b) (see exact, for name, 4b obt ond, modify, or abbreviate any part of the Debtor's name)  17a. ORGANIZATION'S NAME  U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE*  OR  7. INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL COPE  WA 02110  USA  USA  USA  ** COLLATERAL CHANGE: Also check gog of these four boxes: ADD collateral Indicate collateral:  ** FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, SC  MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-SB51  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog name (Sa or 9b) (name of Assignor, if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  BORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION	CHANCE CHANCE	L me and/or ac	idress: Complete			DELETE name:	Give record name	
OR  OR OB INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME.  DESCRIPTION AND ADDITIONAL NAME (S) INTITIAL(S)  SUFFIX  TO INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S) INTITIAL(S)  To MAILING ADDRESS  One Federal St., 3rd Fl., Mail Code EX-MA-FED  Boston  STATE POSTAL FORE  COUNTRY  MA  02110  ASSIGN Collateral  FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, INC  MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-SB51  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog name (9a or 9b) (name of Assignor, if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  Book CORD.  SC. 1  Book CORD.  ADDITIONAL NAME(S) INTITIAL(S)  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, INC  P. 3  S. 1  S. 2  S. 1  S.				7a or 7b, <u>and</u>	item 7c	to be deleted in it	tem 6a or 6b	
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U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE*    To, INDIVIDUAL'S SURNAME	7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide or	nly <u>one</u> na 🤲 (ver	exact, full name; de	a not omit, modify, or	abbreviate any part of	the Dabtor's name)	
Tr. INDIVIDUAL'S ADDITIONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  Tr. MAILING ADDRESS  One Federal St., 3rd Fl., Mail Code EX-MA-FED  Boston  MA  O2110  USA  COLLATERAL CHANGE: Also check gag of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral:  * FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, MSC., YMULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-SB51  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignor, if this is an Assignor)  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignor)  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignor)  9. ORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION		TFF*						
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7c. MAILING ADDRESS One Federal St., 3rd Fl., Mail Code EX-MA-FED Boston  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral:  * FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-SB51  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignor, if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION	INDIVIDUAL'S FIRST PERSONAL NAME			<del>- T</del>	S			
One Federal St., 3rd Fl., Mail Code EX-MA-FED  Boston  MA  02110  USA  8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:  * FOR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, ISC., MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-SB51  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assument)  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION	INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)						SUFFIX	
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If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION  OR			···			<u>ی</u>	<u>/V</u>	
9a. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION  SC  1	<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM         If this is an Amendment authorized by a DEBTOR, check here</li></ol>			9a or 9b) (name	of Assignor, if thi	s is an As <b>Son</b> mer	11) /	
OR	9a, ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·		SC	<del>\</del>	
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10. OPTIONAL FILER REFERENCE DATA: M&O Ref.: 7486.080 6300-04 North Oakley Avenue (Loan No. 499334191) FILE WITH COOK COUNTY, IL	10. OPTIONAL FILER REFERENCE DATA: M&O Ref.: 7486.080 6300-04 North Oakley Avenue (L.	oan No. 49	9334191) FII	E WITH C	OOK COLL	NTY IN		

1823516031 Page: 2 of 3

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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS					
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on At 1805725005 filed 2/26/18	mendment form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or					
12a. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION					
OR - AND WIND WAS CURNAME.					
12b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·				
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIALIS,	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY		
13. Name of DEBTOR on related financing states ent (Name of a current Debt one Debtor name (13a or 13b) (use exact, full name; Jo not omit, modify, or abbre			13): Provide only		
13a, ORGANIZATION'S NAME INTEGRITY 7 LLC					
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):					
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	y				
	SPACE FOR ITEM 8 (Collateral):				
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		CO			
15. This FINANCING STATEMENT AMENDMENT:	17. Descriptio	on 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):		g the property more specifically described on "A", attached hereto and made a part hereof			
		Address: 6300-04 North Oakley Avenue, , IL 60659			
	PIN: 14-	06-101-032-0000			
40 MICCELLANICOLIC					
18. MISCELLANEOUS:					

1823516031 Page: 3 of 3

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EXHIBIT A LEGAL DESCRIPTION

LOT 22 IN BLOCK 4 IN WILLIAM L. WALLEN'S RESUBDIVISION OF THE VACATED WILLIAM L. WALLEN'S FABER ADDITION TO NORTH EDGEWATER, BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MARCH 2, 1917 IN BOOK 148 OF PLATS PAGE 37, AS DOCUMENT 6058897, IN COOK COUNTY, ILLINOIS. 14-06-16.

COOK COUNTY CLORES OFFICE

Tax Parcel Number, 14-06-101-032-0000

Loan No.: 499334191 M&O File No.: 7486.080

Loan Name: 6300-04 North Oakley Avenue

Pool: SB-51