

Doc# 1833749107 Fee \$44.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294

KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS

RHSP FEE:\$9.00 RPRF FEE: \$1.00

1545 13568

SPRFiling@cscglobal.com			DATE: 12/03/2018 01:45 P	M PG: 10
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
1545 13568	_		The same of the sa	
CSC CSC	1			
801 Adlai Stevenson Drive		Į.		
Springfield, IL 62703		İ		
Springheid, it ozros	Filed In: Illinois			
	(Cook)			
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE (DNLY
a, INITIAL FINANCING STATEMEL TELL NUMBER 1426818085 09/25/2014		1b. This FINANCING STATE (or recorded) in the REAL	MENT AMENDMENT is to be filed [for	record]
2. TERMINATION: Effectiveness of the Firancing Statement identifier Statement	d above is terminated t			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affer			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable lay	fied above with respec	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:		<u>-</u>		
Check one of these two boxes: AND Check	er oge of these three b	oxes to:		
This Change affects Debtor or Secured Party of record	Chian a name and/or item valur 6b; and item	address: Complete ADD nar	ne: Complete item DELETE name: and item 7c to be deleted in it	Give record name
CURRENT RECORD INFORMATION: Complete for Party Information			and item 70 to be deleted in it	tem ba or ob
68. ORGANIZATION'S NAMEOptimum Management, LLC		one name (oa or ob)		-
DR CL. INDIVIDUALS SUDMANE			I	
6b, INDIVIDUAL'S SURNAME	FIRST PERSO.	IN N'ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		* / X,		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only one nam (7a or 7b) (use exact, full na	ame: do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME	-	<i>C</i> ₂		
7b, INDIVIDUAL'S SURNAME		(O)		
INDIVIDUAL'S FIRST PERSONAL NAME			,0	
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			0.	SUFFIX
	Laura			
7c. MAILING ADDRESS	CITY		STATE POSTAL GODE	COUNTRY
				1
COLLATERAL CHANGE: Also sheek one of these four hoves:	ADD collateral	DELETE collatoral	A DESTATE covered college.	SCICN colleteral
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collaboration	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
	ADD collateral	DELETE collateral F	RESTATE covered collateral A	SSIGN collateral
See Scheadie :				
See Schedule :		² rovide only <u>one</u> name (9a or 9b) (r		
See Schedule :	HIS AMENDMENT: 1	² rovide only <u>one</u> name (9a or 9b) (r		
See Schedule a: 3. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and property and property and property is an Amendment authorized by a DEBTOR.	HIS AMENDMENT: 1	² rovide only <u>one</u> name (9a or 9b) (r ng Debtor		

10. OPTIONAL FILER REFERENCE DATA: Debtor: Optimum Management, LLC

1833749107 Page: 2 of 4



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294]		
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
1545 14121 CSC				
801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Illinois			
	(Cook)	}		
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT (12) LINUMBER 1426818086 09/25/2017		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS lendum (Form UCC3Ad) and provide Debto	-
TERMINATION: Effectiveness of the Financing Statement identifies Statement	d above is terminated v	vith respect to the security interes	st(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affective.			f Assignor in item 9	"
CONTINUATION: Effectiveness of the Financing Statemen' identicontinued for the additional period provided by applicable tax	fied above with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:		_		
Check one of these two boxes:	or (<u>on</u> /_ of these three bo		ne: Complete item DELETE name:	Give record name
This Change affects Debtor or Secured Party of record	CHAM Chame and/or a item bally 6b; and item		and item 7c to be deleted in i	
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAMEOptimum Management, LLC		one name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	MANAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Channel amodule	ark and any it as This is a sun of all as		<u> </u>
7a. ORGANIZATION'S NAME	mioritation change - provide	any <u>one</u> renegrator roj ruse exact, full ra	те, оо пос отп., прошу, от зоогемые апу рап о	rine Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		(Q)		
INDIVIDUAL'S FIRST PERSONAL NAME			7	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			Ox	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				1
8. I COLLATERAL CHANGE: Also check one of these four boxes: I	<u> </u>			
8. COLLATERAL CHANGE: Also check one of these four boxes: See Schedule:	ADD collateral	DELETE collateral F	ESTATE covered collateral	ASSIGN collateral
	ADD collateral	DELETE collateral F	ESTATE covered collateral	ASSIGN collateral
	ADD collateral	DELETE collateral F	ESTATE covered collateral	L ASSIGN collateral
See Schedule 4: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	HIS AMENDMENT: F	rovide only <u>one</u> name (9a or 9b) (r		
See Schedule 4: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI		rovide only <u>one</u> name (9a or 9b) (r		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TO If this is an Amendment authorized by a DEBTOR, check here and program of the second surface of the seco	HIS AMENDMENT: Foovide name of authorizing	rovide only <u>one</u> name (9a or 9b) (r ng Debtor	name of Assignor, if this is an Assignme	nt)
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI	HIS AMENDMENT: Fovide name of authorizing	Provide only <u>one</u> name (9a or 9b) (r ng Debtor IAL NAME		

1833749107 Page: 3 of 4

UNOFFICIAL COPY

	CC FINANCING STATEMENT AMENDMEN	T ADDENDUM	l		
11.	ILLOW INSTRUCTIONS INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 426818086 09/25/2014	mendment form	1		
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 of	an Amendment form			
14.	12a. ORGANIZATION'S NAME	on Amendment torm			
	RCN Capital Funding, LLC				
OR	12b. INDIVIDUAL'S SURNAME		s.		
	FIRST PERSONA', N. MI				
	ADDITIONAL NAME(S)/IN TIA_(S)	SUFFIX	TUT 400\4		
12	Name of DEBTOR on related financing claimment (Name of a current Deb	the of second consistent for independent		SPACE IS FOR FILING OFFICE U	
13	one Debtor name (13a or 13b) (use exact, full name of one one, modify, or abort				13): Provide onl
	13a. ORGANIZATION'S NAME Optimum Management, LLC				
OF	130, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
_	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
15.	This FINANCING STATEMENT AMENDMENT:	To Description Silver S	on of real estate:		
16: N:	covers timber to be cut covers as-extracted collateral is filed a Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): ame: Optimum Management, LLC	as a fixture filing			
	ddress: 2727 N. Mildred Avenue, Chicago, IL 60614				
	•				

18. MISCELLANEOUS:

UNOFFICIAL COPY

SCHEDULE 1 PROPERTY DESCRIPTION

LOTS 33 AND 34 IN BLOCK 4 IN CENTRAL AVENUE SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE

NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13, LYING SOUTH OF GRAND AVENUE, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s):

13-32-223-025-0000

a, Chica,

Clarks

Office Note for in or national Purposes Only, Commonly known as:

2120 N. Mango Ave., Chicago, IL 60639