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UCC FINANCING STATEMENT AMENDM FOLLOWINSTRUCTIONS	IENT		*1905318052*	
A. NAME & PHONE OF CONTACT AT FILER (optional) Gerald M Tenner 312-873-2266	·	Doc# 198	5318052 Fee \$40.00	
B. E-MAIL CONTACT AT FILER (optional)		RHSP FEE:\$9	3.00 RPRF FEE: \$1.00	
gmt@tenner-law.com		EDUARD M. 1		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	***************************************	COOK COUNTY	RECORDER OF DEEDS	
Gerald M Tenner		1	/2019 82:12 PM PG: 1 OF	2
300 S Wacker Dr suite 1700 Chicago, IL 60655				
	ı			
		THE ABOVE	SPACE IS FOR FILING OFFICE US	RE ONLY
1a. INITIAL FINANCING STATEMENT ALE JUMBER		1b. 7 This FINANCING S	TATEMENT AMENDMENT is to be filed	
0913834071		(or recorded) in the Filer, <u>attach</u> Amendm	REAL ESTATE RECORDS ent Addendum (Form UCC3Ad) <u>and</u> provide D	ebtor's name in item 13
 TERMINATION: Effectiveness of the Fin noting Statement identified Statement 	ed above is terminated	with respect to the security	interest(s) of Secured Party authorizing	this Termination
3. ASSIGNMENT (full or partial): Provide name of Fssir, is in item For partial assignment, complete items 7 and 9 and also indicate aff			ame of Assignor in Item 9	
4. CONTINUATION: Effectiveness of the Financing Stateme it identicated for the additional period provided by applicable law	lified above with respec	t to the security interest(s)	of Secured Party authorizing this Continu	uation Statement is
5. PARTY INFORMATION CHANGE:	0/			
Linear Control of the	neck or an unese three t		20	
This Change affects Debtor or Secured Party of record	CHANCE name and/or item 6a or 6t, and it im	7a or 7b and item 7c 7a		ne: Give record name I in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME 	on Change - pro Lile City	one name (6a or 6b)		
		42		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL N/ME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	y Information Change - provide	only one name (7a or /b) (use exa	ct, full name; do not omit, modify, or abbreviate any pi	art of the Debtor's name)
7a, ORĜĀNIZATION'S NAME				
OR 75, INDIVIDUAL'S SURNAME			/ - /	
			TA	
INDIVIDUAL'S FIRST PERSONAL NAME		· · · · · · · · · · · · · · · · · · ·	0,	
			()	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODF	COUNTRY
B. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	_	_		
NAME OF SECURED PARTY OF RECORD AUTHORIZING T If this is an Amendment authorized by a DEBTOR, check here			or 9b) (name of Assignor, if this is an Assign	ment)
9a. ORGANIZATION'S NAME	provide name of authoriz	any Depitor		
ł.				
OR SE INDIVIDUAL'S SURNAME Kubicka	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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t form		
ment form		
SUFFIX		
PERSONAL NAME	ADDITIONAL NAME(S)//INITIAL(S)	SUFFIX
•	THE rd required for indexing purpose part of the Debtor's name); see	THE ABOVE SPACE IS FOR FILING OFFICE rd required for indexing purposes only in some filing offices - see Instruction item part of the Debtor's name); see Instructions if name does not fit