

			ДОС# 15	12916013 Fe	e ≇42.25
UCC FINANCING STATEMENT AMEN	DMENT		RHSP FEE:	\$9.00 RPRF FEE:	\$1.00
FOLLOW INSTRUCTIONS		_	EDWARD M.	HOODY	
A. NAME & PHONE OF CONTACT AT FILER (optional)		7	•	TY RECORDER OF	DEEDE
UCC Manager (800) 837-9700	·				
B. E-MAIL CONTACT AT FILER (optional)			DATE: 857	09/2019 10:19 A	M PG: 1 OF
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				e en elemente de la calendaria	
CASTLE CREDIT					
8430 W BRYN MAWR AVE STE 750 CHICAGO IL 60631					
CHICAGO IL 150031					
		THE AD	OVE COAGE 10 FC	D EU INC OFFICE III	OF ONLY
1a, INITIAL FINANCING STATEMENT 112 NUMBER				ENDMENT is to be filed	
1903216054 2/2/2019 Ccok IL		(or recorded) in	I ING REAL EQIALE	RECORDS mr UCC3Ad) and provide [	
2. TERMINATION: Effectiveness of the Financing Statement is	dentified above is terminated			· · · · · ·	
Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in For partial essignment, complete items 7 and 9 and also indices			nd name of Assignor	in item 9	•
4. CONTINUATION: Effectiveness of the Financing Statemen			t(s) of Secured Party	authorizing this Contin	uation Statement is
continued for the additional period provided by applicable la			(0) 0. 00.		
5. PARTY INFORMATION CHANGE:	0				•
Check one of these two boxes:	ND Cherik on ) of these three CONNE name and/or		ADD name: Comple	ate item DELETE par	me: Give record name
This Change affects Debtor or Secured Party of record	item Ja or 6b; and item	7a or 7b and item 7c	7a or 7b, and item 7	c to be deleted	d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change - pr ,vide i nt	y <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAME				•	
OR OF THE PROPERTY OF THE PROP			1.000E		. Laureny
6b. INDIVIDUAL'S SURNAME  Escarpita	FIRST PERSO	NA/, NAME	AUDITIC	NAL NAME(SYINITIAL(S	S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	t or Party Information Change - provid	e only one nam (75 or 7b) (use	e exact, full name; do not o	mit, modify, or abbreviate any p	part of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR					
7b. INDIVIDUAL'S SURNAME		*	0		
INDIVIDUAL'S FIRST PERSONAL NAME			<del>-/-/-</del> /-	•	
INDIVIDUALSTINGT FENGUINE NAME		,	0,'		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
,				Uxc.	
7c. MAILING ADDRESS	CITY		STATE	POST A CODE	COUNTRY
				10-	
8. COLLATERAL CHANGE: Also check one of these four box:	es: ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collatera
Indicate collateral:					
					c V
					S_/_
					<u> </u>
					SA
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ	ING THIS AMENDMENT:	Provide only one name (	9a or 9b) (name of As	signor, if this is an Assig	nment)
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authoriz		•		MV
9a. ORGANIZATION'S NAME				<u></u> .	- 1
Castle Credit					SC Y
96. INDIVIDUAL'S SURNAME	FIRST PERSO	INAL NAME	ADDITIO	NAL·NAME(S)/INITIAL(S	SUFFIX
					<del>}- </del>

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10. OPTIONAL FILER REFERENCE DATA:

Contract ID: 169001T

1912916013 Page: 2 of 2

## **UNOFFICIAL COPY**

Amendment form		
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SUFFIX		
		105 011 17
		13). Provide diliy
FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
	, , , , , ,	301112
CHARL		
17. Description of rea		
	ebtor of record required for indexing purpo previate any part of the Debtor's name); so FIRST PERSONAL NAME	SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE Lebtor of record required for indexing purposes only in some filing offices - see Instruction item previate any part of the Debtor's name); see Instructions if name does not fit

18. MISCELLANEOUS: