#### Doc# 1916212157 Fee \$93.00

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141 B. E-MAIL CONTACT AT FILER (optional)

**UCC FINANCING STATEMENT AMENDMENT** 

RHSP FEE:\$9.00 RPRF FEE: \$1.00 EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 86/11/2019 02:38 PM PG: 1 OF 4

CLS-CTLS_Glendale_Customer_Service@	wolterskluwer.com	İ		
. SEND ACKNOWLEDGMENT TO: (Name and Addr	ress) 10011 - BANK OF	7		
Lien Solutions	69631714			
P.O. Box 29071	03031714			
Glendale, CA 91209-9071	ILIL			
	FIXTURE 1			
File with: Cook, IL		THE ABOVE SP	ACE IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATE	EMENT AMENDMENT is to be filed [	for record]
10869826 9/19/2001 CC ir ccok		(or recorded) in the REA Filer: attach Amendment A	AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> provide Deb	tor's name in item 13
TERMINATION: Effectiveness of the Fill and no State Statement	ement identified above is terminated wit	th respect to the security interest(	s) of Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of A For partial assignment, complete items 7 and 9 and			Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Sta continued for the additional period provided by applic	atemer, identified above with respect to cable law	the security interest(s) of Secure	d Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:	wa Q		<del></del>	
Check one of these two boxes:	AND Check or a of these three bo		me: Complete item DELETE name	: Give record name
This Change affects Debtor or Secured Party of re	cord item 62 or ou, and item	7a or 7b <u>and</u> item 7c 7a or 7b	o, and item 7c to be deleted in	
CURRENT RECORD INFORMATION: Complete for Part  6a. ORGANIZATION'S NAME	y Information Change - provide only only only only only only only only	ne name (6a or 6b)		
1001 W. Exchange, LLC, an Illinois Lir	mited Liability Company	),		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	N. C. AME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
}				
ł		///		
CHANGED OR ADDED INFORMATION: Complete for Assign	nment or Party Information Change - provide only	one name (7a · /b) (use exact, full name	e: do not omit, modify, or abbreviate any part of t	he Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME	nment or Party Information Change - provide only	r <u>one</u> name (7ε · . /b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME	nment or Party Information Change - provide only	r <u>one</u> name (72°/b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME	nment or Party Information Change - provide only	z <u>one</u> name (7a°/b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a, ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	nment or Party Information Change - provide only	r <u>one</u> name (7a °. /b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME	nment or Party Information Change - provide only	r <u>one</u> name (7a 5 /b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	nment or Party Information Change - provide only	r <u>one</u> name (72°/b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	
7a, ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	nment or Party Information Change - provide only	r <u>one</u> name (7a /b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	nment or Party Information Change - provide only	r <u>one</u> name (72°/b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		r <u>one</u> name (7a 1.7b) (use exact, full name	Y., O., S.,	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	CITY	C	STATE POSTAL POUR	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  MAILING ADDRESS	CITY		STATE POSTAL POUR	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these	CITY		STATE POSTAL POUR	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these	CITY		STATE POSTAL POUR	SUFFIX
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these	CITY		STATE POSTAL POUR	SUFFIX
Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of thes Indicate collateral:	CITY se four boxes: ADD collateral HORIZING THIS AMENDMENT: Pa	DELETE collateral	STATE POSTAL COURT	SUFFIX  COUNTRY  ASSIGN collateral  S  C
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of thes Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUT if this is an Amendment authorized by a DEBTOR, check him.	CITY se four boxes: ADD collateral HORIZING THIS AMENDMENT: Pa	DELETE collateral	STATE POSTAL COURT	SUFFIX  COUNTRY  ASSIGN collateral  S  C
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S))  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these	CITY  Se four boxes: ADD collateral  HORIZING THIS AMENDMENT: Palere and provide name of authorizing	DELETE collateral	STATE POSTAL COURT	SUFFIX  COUNTRY  ASSIGN collateral  S  C
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUT of this is an Amendment authorized by a DEBTOR, check in 9a. ORGANIZATION'S NAME	CITY  Se four boxes: ADD collateral  HORIZING THIS AMENDMENT: Palere and provide name of authorizing	DELETE collateral  rovide only one name (9a or 9b) (rovide Debtor	STATE POSTAL COURT	SUFFIX  COUNTRY  ASSIGN collateral  S  C

69631714

# **UNOFFICIAL COPY**

	CC FINANCING STATEMENT AMENDMENT ALLOW INSTRUCTIONS	ADDENDUM		
11.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amen 10869826 9/19/2001 CC IL Cook			
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	1		
12a. ORGANIZATION'S NAME			1	
	Bank of America , N.A. successor by merger to LaSalle	Bank N.A.		
OF	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(SYINITIAL(")	SUFFIX	THE ADOLE CRACE IS FOR EVINO OFFICE US	15 AUL V
13.	Name of DEBTOR on related financing strite. Part (Name of a current Debtor one Debtor name (13a or 13b) (use exact, tull name, do not omit, modify, or a	of record required for indexing bbreviate any part of the Debi	THE ABOVE SPACE IS FOR FILING OFFICE US purposes only in some filing offices - see Instruction item tor's name); see Instructions if name does not fit	
	13a. ORGANIZATION'S NAME 1001 W. Exchange, LLC, an Illinois Limited Liability Col			<del></del>
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
See Bai	21 W. Exchange, LLC, an Illinois Limited Liability Company - 100 cured Party Name and Address: nk of America , N.A. successor by merger to LaSalle Bank N.A	- 70 Butterson Park Roa	d , Farmington, CT 06032	
_	This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral significant in item 17 (if Debtor does not have a record interest):	THE THIS I DESC FINAN	ion of real estate: TYPES OF COLLATERAL COVERNANCING STATEMENT ARE RIBED ON SCHEDULE TO THE ICING STATEMENT EXHIBIT "A" FOR THE LEGAL RIPTION OF THE REAL ESTA	E HE

18. MISCELLANEOUS; 69631714-IL-31 10011 - BANK OF AMERICA CB O

Bank of America , N.A. successor by

[ See Exhibit for Real Estate ]

1916212157 Page: 3 of 4

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Debtor: 1001 W. Exchange, LLC, an Illinois Limited

**Liability Company** 

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

Parcel ID:

IL 5-200-,

COOK COUNTY CLOTH'S OFFICE 20-05-200-108-0000

1916212157 Page: 4 of 4

# **UNOFFICIAL COPY**

## EXHIBIT A REAL ESTATE

STREET ADDRESS: 4200 SOUTH MORGAN

CITY: CHICAGO COUNTY: COOK

TAX NUMBER: 20-05-200-109-0000

LEGAL DESCRIPTION:

THE SOUTH 196 23 FEET OF LOT 2 AND THE NORTH 113 FEET OF LOT 3 IN DONOVAN INDUSTRIAL PARK BEING A SUBDIVISION OF MART OF EACH OF LOTS 3 TO 10 IN STOCK YARDS SUBDIVISION OF THE EAST 1/2 OF SECTION 5, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 20-05-200-109-0000

COMMONLY KNOWN AS: 4200 SOUTH MOTICAN STREET, CHICAGO, ILLINOIS 60609