UCC FINANCING STATEMENT AMENDMENT

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) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	16804 - 16804-WELLS
Lien Solutions P.O. Box 29071	70239422
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	_

Doc# 1916812064 Fee \$93.00

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

EDWARD M. MOODY

B E MAIL CONTACT AT SU SO / C C		COOK COUNTY RECORDER OF DEEDS	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com		DATE: 06/17/2019 10:55 AM PG:	1 OF 3
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 16804 -	16804-WELLS		
P.O. Box 29071 Glendale, CA 91209-9071	239422		
	`` `	THE ADOVE ODACE IS FOR EILING OFFICE LISE ONLY	
File with: Cook, IL 1a. INITIAL FINANCING STATEMEN FILE NUMBER		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY D. This FINANCING STATEMENT AMENDMENT is to be filed [for record]	_
1220716020 7/25/2012 CC II Cc ok		(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1	3
TERMINATION: Effectiveness of the Fir ancinc Statement identified a Statement	above is terminated with	respect to the security interest(s) of Secured Party authorizing this Termination	
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also in ficate affections.		signee in item 7c <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemen, identified continued for the additional period provided by applicable law	above with respect to the	ne security interest(s) of Secured Party authorizing this Continuation Statement is	_
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	dress: CompleteADD name: Complete itemDELETE name: Give record name	ne
 CURRENT RECORD INFORMATION: Complete for Party Information Ch Ga. ORGANIZATION'S NAME 	ange - provide only <u>c</u> <u>ne</u>	name (6a or 6b)	- =
GREAT STREET, LLC			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	ADDITIONAL NAME(SVINITIAL(S) SUFFIX	_
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	ation Change - provide only o	ne name (75 , 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
			_ =
INDIVIDUAL'S FIRST PERSONAL NAME			
		SUFFIX	
INDIVIDUAL'S FIRST PERSONAL NAME	CITY	STATE POSTAL CODE COUNTRY	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	ADD collateral	STATE POSTAL CODE COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collate	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: LOAN # 620100053 SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETO	ADD collateral	STATE POSTAL CODE COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collate	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: LOAN # 620100053 SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETOTAXParcel Number: 17092620180000 17092620190000 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and present the second support of the se	ADD collateral O AND INCORPOR	STATE POSTAL CODE COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collate ATED HEREIN BY THIS REFERENCE. Solvide only one name (9a or 9b) (name of Assignor, if this is an Assignment)	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: LOAN # 620100053 SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETO TaxParcel Number: 17092620180000 17092620190000 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and proceedings of the process of the pr	ADD collateral O AND INCORPOR S AMENDMENT: Pro- rovide name of authorizing TEE FOR THE R ERTIFICATES	STATE POSTAL COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collate ATED HEREIN BY THIS REFERENCE. Substitute only one name (9a or 9b) (name of Assignor, if this is an Assignment) g Debtor EGISTERED HOLDERS OF COMM 2012-CCRE2	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: LOAN # 620100053 SEE EXHIBIT A LEGAL DESCRIPTION ATTACHED HERETOTAXParcel Number: 17092620180000 17092620190000 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR, check here and principles of the process of the proc	ADD collateral O AND INCORPOR S AMENDMENT: Pro- rovide name of authorizin	STATE POST/L COUNTRY DELETE collateral RESTATE covered collateral ASSIGN collate ATED HEREIN BY THIS REFERENCE. Substitute only one name (9a or 9b) (name of Assignor, if this is an Assignment) g Debtor EGISTERED HOLDERS OF COMM 2012-CCRE2	

70239422 620100053

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FOLLOW INSTRUCTIONS	UM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1220716020 7/25/2012 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
12a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGISTERED HOLDERS OF COMM 2012-CCRE2 COMMERCIA	L			
MORTGAGE PASS-THROUGH CERTIFICATES				
OR 12b. INDIVIDUAL'S SURNAME	 			
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(3)	UFFIX			
A CONTROL OF THE CONT	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any page.				
13a. ORGANIZATION'S NAME GREAT STREET, LLC				
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSON	IAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX			
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address:				
GREAT STREET, LLC - C/O MAB CAPITAL MANAGEMENT, LLC 114 WEST H	UBBARD STREET, 5TH FLOOR, CHICAGO, IL 60654			
Secured Party Name and Address: U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGIS FRED PASS-THROUGH CERTIFICATES - 1133 RANKIN STREET, SUITE 100 AT N.				
	45			
The complete information for Authorizer number 1	4			
U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REGISTERED PASS-THROUGH CERTIFICATES				
PASS-THROUGH CERTIFICATES				
4				
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:			
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	<u> </u>			
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):				
•	Parcel ID:			
	17092620180000, 17092620190000			
	1,002020100000, 1,002020100000			
18. MISCELLANEOUS: 70239422-IL-31 16804 - 16804-WELLS FARGO MU U.S. BANK NATIONAL ASSOCIATION, File with: Cook, IL 620100053				

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EXHIBIT A PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

FARCEL 1

Lean in Block 1 in Wolcott's Addition to Chicago in Section 9, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

PARCEL 2

Lot 2 in Block 5 in Kinzie's Addition to Chicago in Section 10, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Numbers 17-19-262-018-000 and 17-09-262-019-0000.

Property Adress: 400 N. State Street, Chicago, Illinois