UNOFFICIAL COPY

20141	47017	i	

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -			
Lien Solutions P.O. Box 29071	74452223			
Glendale, CA 91209-9071	ILIL			
	FIXTURE			
File with: Cook, IL				
1a INITIAL FINANCING STATEMEN LEB E NUMBER	l1			

2014147017

Doc# 2014147017 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/20/2020 09:53 AM PG: 1 OF 3

Lien Solutions	7	4452223	_		
	3-9071 ii	11 I			
4.0	· · ·	IVTUDE			
) г	INTURE			
File	with: Cook, IL		THE ABOVE SP	ACE IS FOR FILING OFFICE US	SE ONLY
		1b.	(or recorded) in the RE	AL ESTATE RECORDS	•
TERMINATION: Effectivener Statement	ss of the Financing Statement identifie	ed above is terminated with res	pect to the security interest	(s) of Secured Party authorizing this To	ermination
P.O. Box 29071 FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. INTIAL FINANCING STATEMENT FIRE QUARTER 1s. QUA					
		above with respect to the	security interest(s) of Secure	ed Party authorizing this Continuation	Statement is
. PARTY INFORMATION CH		0			
Check one of these two boxes:	AND C			ame: Complete item	· Give record nar
This Change affects Debtor of	<u>r</u> Secured Party of record	item 6a o 6b; and item 7a o	7b and item 7c 7a or 7	b, and item 7c to be deleted in	item 6a or 6b
	TION: Complete for Party Information	Change - provid only ne na	me (6a or 6b)		
		0,			
ND		FIRST REDSONAL A		ADDITIONAL MANAGER WINDITIAN (C)	CHEEN
OB. INDIVIDUALS SURNAME		FIRST PERSONALIN	, WE	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
	MATION: Complete for Assignment or Party In	formation Change - provide only one	name (7a or 7b) (unit vact, full nam	ne; do not omit, modify, or abbreviate any part of the	ne Debtor's name)
7a. ORGANIZATION'S NAME	<u></u>			, <u>, , , , , , , , , , , , , , , , , , </u>	
7b. INDIVIDUAL'S SURNAME			C	Z .	
(NOWDUAL) SERVET REPROV	JAI MARAT				
INDIVIDUALSTINST FERGO	IZI, PANIL			0.	
INDIVIDUAL'S ADDITIONAL N	AME(S)INITIAL(S)			- Ox	SUFFIX
7c. MAILING ADDRESS		CITY		STATE POSTAL COL E	COUNTRY
COLLATERAL CHANGE:	Also check one of these four boxes	: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collate
Indicate collateral:					
				_	
				么	
NAME OF CECURED DAD	TV BECORD AUTHORIZINO:	THE AMENDMENT Design		/	
				maine ui Assignor, il tilis is an Assignm	citt)
9a. ORGANIZATION'S NAME	<u> </u>				
	.S.B.				
9b. INDIVIDUAL'S SURNAME	=	FIRST PERSONAL N	AME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
D. OPTIONAL FILER REFERENCE	E DATA: Debtor Name: SAMI F	Partnership			
74452223	310 / 658/ 190207180	9		658 JU 1902071809	

2014147017 Page: 2 of 3

UNOFFICIAL COPY

FOLLOW INSTRUCTIONS	ENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for	rm	1		
1514939019 5/29/2015 CC IL Cook 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment				
12. NAME OF PARTY AUTHORIZING THIS AMENUMENT: Same as item 9 on Amendme 12a. ORGANIZATION'S NAME	nt form			
BANKFINANCIAL, F.S.B.				
OR 12b. INDIVIDUAL'S SURNAME				
12D. INDIVIDUALS SUKNAME				
FIRST PERSONAL NAM				
ADDITIONAL NAME(SYINITIAL(3)	SUFFIX			
(0.5570)			SPACE IS FOR FILING OFFICE US	
13. Name of DEBTOR on related financing staten.or (Name of a current Debtor of record one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate				13): Provide only
13a. ORGANIZATION'S NAME				
SAMI Partnership				
OR 13b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):		· · · · · · · · · · · · · · · · · · ·		
Debtor Name and Address:				
SAMI Partnership - 5028 W. Coyle Ave. , Skokie, IL 60077				
Secured Party Name and Address:	DIDOE II 60607			
BANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD , BURR	EDISE, IL 60327			
	46			
	///	·		
	7			
		0.		
	PIDCE, IL 60527		,0	
			Office	
			, C	
			C	
15. This FINANCING STATEMENT AMENDMENT:	17. Descript	tion of real estate:		
covers timber to be cut covers as-extracted collateral is filed as a fixture.			N BLOCK 14 IN	
Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):			AND ASSOCIATION	
,	SUBD	IVISION O	F THE EAST 1/2 OF	THE
	NORT	HEAST 1/4	OF SECTION 14,	
			IORTH, RANGE 13	(EXCEPT
	l l		6.6 FEET THEREOF	•
			PRINCIPAL MERIDIA	•
			, ILLINOIS.	,
			•	
	 [Saa Ev	hibit for Real E	stato 1	
49 MICOCU ANCOLO, 7442222 # 24 45745 Bash Class				****
 MISCELLANEOUS: 74452223-IL-31 15715 - Bank Financial - Mai BANKFINANCIA 	L. F.S.B.	File with: Cook, IL	310 / 658/ 1902071809 658 JU 190207	1809

2014147017 Page: 3 of 3

UNOFFICIAL COPY

Debtor: SAMI Partnership

Exhibit for Real Estate

17. Description of real estate: Continued

PROPERTY ADDRESS: 4724-36 N KEDZIE AVE,

CHICAGO IL 60625

Parcel 10:

-000L Coot County Clarks Office 13-14-206 031-0000 and 13-14-206-022-0000