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| | CC FINANCING STATEMENT AMENDME LOW INSTRUCTIONS | ENT | | *2016208019* | | | | |
|----------------------------|---|---|--|--|----------------------|--|--|--|
| | NAME & PHONE OF CONTACT AT FILER (optional) Sarah Kriley 913-288-3111 | | Doc# 20: | 16208019 Fee \$93.00 | 3 i | | | |
| | E-MAIL CONTACT AT FILER (optional) | | RHSP FEE:\$ | 9.00 RPRF FEE: \$1.00 | | | | |
| skriley@bankoflabor.com | | | EDWARD M. MOODY | | | | | |
| C. | SEND ACKNOWLEDGMENT TO: (Name and Address) | | COOK COUNT | Y RECORDER OF DEEDS | | | | |
| | Bank of Labor | | DATE: 06/1 | 0/2020 09:06 AM PG: 1 | 0F 2 | | | |
| | c/o Sarah Kriley 11810 W 75th St | | | | } · | | | |
| 1 | Shawnee, KS -6214 | | ************************************** | ى ئىلىنىدىكى يەرىكىلىكىلىكىكىكىكىكىكىكىكىكىكىكىكىكىكىكى | | | | |
| l | _ | | THE ABOVE COA | 05 to FOR EU ING OFFICE USE | ONL V | | | |
| 1a | INITIAL FINANCING STATEMENT FILE NUMBER | | | CE IS FOR FILING OFFICE USE (MENT AMENDMENT is to be filed (for | | | | |
| Document number 152,572029 | | | (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | | | | | |
| 2. [| TERMINATION: Effectiveness of the finanting Statement identified Statement | above is terminated | with respect to the security interes | st(s) of Secured Party authorizing this | Termination | | | |
| 3. | ASSIGNMENT (full or partial): Provide name of Assignment item 7a For partial assignment, complete items 7 and 9 and also indicate affections. | | | f Assignor in item 9 | | | | |
| 4. | CONTINUATION: Effectiveness of the Financing Stateme is dentificational period provided by applicable is w | ed above with respec | it to the security interest(s) of Secu | ured Party authorizing this Continuation | on Statement is | | | |
| 5. | PARTY INFORMATION CHANGE: | | | | | | | |
| | neck one of these two boxes. | k <u>or e</u> r√these three b CHA′.∩E name and/or tem 6 or 6b; and item | address; Complete ADD nam | ne: Complete itemDELETE name: and item 7cto be deleted in i | Give record name | | | |
| | his Change affects Debtor of Secured Party of record 1 CURRENT RECORD INFORMATION: Complete for Party Information | | | and Remit /C Lot be deleted in i | terii da di dib | | | |
| | 6a, ORGANIZATION'S NAME | 0 | | | | | | |
| or | 6b. INDIVIDUAL'S SURNAME | FIRST PERSO | T. C. ME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| | | THE TENOO | 17, | | | | | |
| 7. (| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In | formation Change - provide | only one name (7a or 7b) (use exact, full na | ne; do not omit, modify, or abbreviate any part o | f the Debtor's name) | | | |
| OR | 7a. ORGANIZATION'S NAME | | | | | | | |
| OIN | 7b. INDIVIDUAL'S SÜRNAME | | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | 0,, | SUFFIX | | | |
| 70 | MAILING ADDRESS | ICITY . | | TSTATE IPOSTAL CODE | COUNTRY | | | |
| / Ç. | MALING ADDRESS | | • | STATE POSTATORIE | - COUNTRY | | | |
| 8. [| COLLATERAL CHANGE: Also check one of these four boxes: | ADD collateral | DELETE collateral R | ESTATE covered collateral | ASSIGN collateral | | | |
| | Indicate collateral: | | | • | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | • | | | | |
| | | | | | | | | |
| 9. N | NAME OF SECURED PARTY OF RECORD AUTHORIZING TH | IS AMENDMENT: I | Provide only <u>one</u> name (9a or 9b) (r | name of Assignor, if this is an Assignme | ent) | | | |
| | | vide name of authorizi | | | | | | |
| | | ank of Labor f/k/a Bank of Labor dba Brotherhood Bank & Trust | | | | | | |
| OR | 9b. INDIVIDUAL'S SURNAME | FIRST PERSOI | | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| | | | | | | | | |
| | OPTIONAL FILER REFERENCE DATA: 7180170 | | | | | | | |

2016208019 Page: 2 of 2

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| | CC FINANCING STATEMENT AMENDMEN | T ADDENDUM | | | | | |
|------|--|------------------------------------|---|-------------------|--|--|--|
| 11. | LOW INSTRUCTIONS INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on 7 | | | | | | |
| | ocument number 1523922029 | and form | | | | | |
| 12. | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 12a. ORGANIZATION'S NAME | on Amendment form | | | | | |
| | Bank of Labor f/k/a Bank of Labor dba Bro | | | | | | |
| | Bank & Trust | | | | | | |
| OR | 12b. INDIVIDUAL'S SURNAME | | | | | | |
| | FIRST PERSONAL NAME | | | | | | |
| | ADDITIONAL NAME(S)/i, IIT AI (C) | SUFFIX | , | | | | |
| | ADDITIONAL INVESTIGATION | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |
| -13: | Name of DEBTOR on related financing statement (Name of a current Date one Debtor name (13a or 13b) (use exact, full ram, do not omit, modify, or abb | btor of record required for indexi | ng purposes only in some filing offices - see Instruction item name); see Instructions if name does not fit | 13): Provide only | | | |
| | 13a. ORGANIZATION'S NAME | | <u> </u> | <u> </u> | | | |
| | Bellos Group LLC | | | | | | |
| OR | 13b, INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| 14. | ADDITIONAL SPACE FOR ITEM 8 (Collateral): | | <u> </u> | | | | |
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| | 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): | | | | | | |
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| 15 | This FINANCING STATEMENT AMENDMENT: | 17 Description | on of real estate: | | | | |
| 13. | | 1 ' | n Block 3 IN C.T. Yerke's Subdivision | of Dlooks | | | |
| 16. | Name and address of a RECORD OWNER of real estate described in item 17 | | AND 41 to 44 of executors of W.E. Jon | | | | |
| | (if Debtor does not have a record interest); | | subdivision of Section 19, Township 40 North, Range 14, | | | | |
| | | | East of the third principal Meridian, in Cook County, | | | | |
| | | Illinois | | | | | |
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18. MISCELLANEOUS: Ln# 116878970