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Doc# 2021728012 Fee \$93.00

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)	21105 - ARBOR REALTY		
Lien Solutions P.O. Box 29071	76000637		
Glendale, CA 91209-9071	ILIL		
	FIXTURE ₍		
File vith, Cook, IL			

RHSP FEE:\$9.00 RPRF FEE: \$1.00
EDWARD M. MOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 08/04/2020 10:03 AM PG: 1 OF 4
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1a. INITIAL FINAN	CING STATEMENT FILE NUMBER
1532318014	11/19/2015 CC IL Cock

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

	Statement ASSIGNMENT (full or partial): Provide name of Assigi ee For partial assignment, complete items 7 and 9 and also	i 'an 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name	e of Assignor in item 9	
1. 🛛		t ide ntified above with respect to the security interest(s) of Se	ocured Party authorizing this Continuation	Statement is
Che	PARTY INFORMATION CHANGE: sck one of these two boxes: Change affects Debtor or Secured Party of record		Doname: Complete item DELETE name or 7b, and item 7c to be deleted item	s: Give record name
_	RRENT RECORD INFORMATION: Complete for Party Infor	mation Change - provide only one name (6a or 6b)		
1	a. ORGANIZATION'S NAME Hermitage Arms LLC	40		
OR 6	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CH	ANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide only one name (7a or 7b) (use exact full	Il name; do not omit, modify, or abbreviate any part of	the Debtor's name)
7	a. ORGANIZATION'S NAME)	
DR 7	b. INDIVIDUAL'S SURNAME		7.0	
	INDIVIDUAL'S FIRST PERSONAL NAME		O _s	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		110	SUFFIX
7c. MA	ILING ADDRESS	CITY	STATE POSTAL CO JE	COUNTRY
3.	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four Indicate collateral:	boxes: ADD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collatera

_				
9. NAME OF SECURED P.	ARTY of RECORD AUTHORIZING T	HIS AMENDMENT: Provide only one name ((9a or 9b) (name of Assignor, if this is an Assignme	ent)
	_	provide name of authorizing Debtor		r
9a. ORGANIZATION'S NAME		ISTEE FOR THE RECISTERED H	OLDERS OF WELLS FARCO COA	AMEDOIAL
			OLDERS OF WELLS FARGO COM CERTIFICATES, SERIES 2016-SB	
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
40 ODTIONAL ENGA DEFED	ENDE DATA			
10. OPTIONAL FILER REFER	ENCE DATA: Debtor Name: Hermita	age Arms LLC		
76000637	07EQ31 A A I		076031 Cook Cour	tr. 11

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	CC FINANCING STATEMENT AMENDMENT AD	DENDUM			
_	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendme	nt form			
1532318014 11/19/2015 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 WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, INC., MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2016-SB13					
OR		<u>-</u>			
	FIRST PERSONAL NAME	<u>.</u>			
	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FO	R FILING OFFICE USE	E ONLY
13.	Name of DEBTOR on related financing statemer. (Name of a current Debtor of recone Debtor name (13a or 13b) (use exact, full name and not omit, modify, or abbre				13): Provide only
	13a. ORGANIZATION'S NAME Hermitage Arms LLC				
OR	13b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
De He Sei U.S SE EX	ADDITIONAL SPACE FOR ITEM 8 (Collateral): btor Name and Address: rmitage Arms LLC - 3553 West Peterson Avenue, Suite 101, Chicar cured Party Name and Address: S. BANK NATIONAL ASSOCIATION, AS TRUSTEE FOR THE REG CURITIES, INC., MULTIFAMILY MORTGAGE PASS-THROUGH C -MA-FED, Boston, MA 02110 e complete information for Authorizer number 1	SISTERED HOLDERS	ES 2016-SB13 - One Fede : OF W.FI LS FARGO COM ES 2016-SB17.	eral St., 3rd Floor, M	lail Code
	This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral sis filed as a Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	*See A	on of real estate: httached operty address is: ge Avenue	Hermitage A 6116 Chica	N.
18	MISCELLANEOUS: 76000637-IL-31 21105 - ARBOR REALTY TRUST U.S. BANK	See ExI	ribit for Real Estate] File with: Cook, IL 076931 - AAL	. 076931 - Cook County, II	

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Debtor: Hermitage Arms LLC

Exhibit for Real Estate

17. Description of real estate:

Continued

Sel IL 1621506.

COOK COUNTY CIENT'S OFFICE Parcel ID: 14062150640000

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EXHIBIT A

DESCRIPTION OF THE LAND

LOTS 2.5 AND LOT 4 (EXCEPT THE SOUTH 2.5 FEET THEREOF) IN BLOCK 3 IN KEMPER'S HIGH RIDGE SUBDIVISION, A. SUBDIVISION OF PART OF THE SOUTH EAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

(01042289;1) Illinois Multifamily Mortgage, Assignment of Rents and Security Agreement