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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
FTL Finance (888)314-4588
B. E-MAIL CONTACT AT FILER (optional)
customerservice@ftlfinance.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

| *2023016121* | | | | | |
|--------------|--|--|--|--|--|

Doc# 2023016121 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/17/2020 03:47 PM PG: 1 OF 2

| customerservice@ftlfinance.com | DATE: 08/1//2020 03:4/ PH PG: 1 UP | | | 76: 1 UF A | |
|---|--|---|--------------------------|---|-------------------|
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| | | • | | | |
| FTL Finance | | • | | | · - · |
| 820 South Main Street Suite 300 | - 1 | | | | |
| St. Charles, M 16.301 | - 1 | | | | |
| | 1 1 | | | | |
| | | THE ABOVE SPACE | E IS FOR FILING | OFFICE USE ONLY | |
| 1a INITIAL FINANCING STATEMEN, FILE Nº MBER | 1b This Fit | NANCING STATMENT AMENDME | NT is to be filed (for i | record] (or recorded) in | the |
| 20582707, Cook, IL, | | nLESTATE RECORDS. : attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 | | | em 13 |
| 2. TERMINATION: Effectiveness of the Funancing statement identified above is terminated with | th respect to accurit | y interes(s) of the Secured Party a | uthorizing this Termi | nation Statement | |
| ASSIGNMENT (full or partial): Give name of ass uner unitern 7a or 7b, and address of Ass For partial assignment, complete items 7 and 9 and at unit alternate affected collateral in item 8. | ignee in item 7c <u>and</u> | also give name of Assignor in ten | 19 | | |
| CONTINUATION: Effectiveness of the Financing Statemen' de: tifled above with respect to continued for the additional period provided by applicable lav. | to security interes(s) | of the Secured Party authorizing t | his Continuation Stat | tement is | |
| 5. PARTY INFORMATION CHANGE: | | | | | |
| Check only one of these two boxes. | | | | - no. 575 A | |
| This Change affects Debtor of Secured Part of record. CHANGE name and CHANGE | nd/or address: Complet item 7a or 7b and item | e ADD name Complet 7c and item 7c | e rem /a or /b, | DELETE name: Giv to be deleted in iter | n 6a or 6b |
| 6. CURRENT RECORD INFORMATION: - Complete for Party Information Change - province | ride only <u>one</u> name | (6a or 6b) | | | |
| 6a ORGANIZATION'S NAME | | | | | |
| | T | | | | |
| OR 6b. INDIVIDUAL'S SURNAME | FIRST PT (SON) N | AME | ADDITIONAL NAM | E(S)/INITIAL(S) | SUFFIX |
| Malce ' | Carn.ela | | | | |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Ch or abbreviate any part of the Debtor's name) | ange - provide only | ne name (7a or 7b) (use exact, fu | ll name, do not omit, | modify, | |
| 78 ORGANIZATION'S NAME | | 47 | | • | |
| | | 1/X, | | | |
| OR 76 INDIVIDUAL'S SURNAME | | | | | |
| | | $\overline{}$ | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | _ | | |
| INDIVIDUAL'S ADDITIONAL NAME(SIMITIAL(S) | | | 7// | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE Prut | AL CODE | COUNTRY |
| ļ | | | 1 17. | • | |
| a DOOLLATERAL CHANGE HE SEE THE CHANGE HE SEE THE | | | | Г1 | |
| | O collateral | DELETE collateral REST | ATE covered collat | ter I ASSIGN | collateral |
| Indicate collateral: | | | | /X. | |

| | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR, check here and p | Provide only one name (9a or 9b) (name of Assignor, provide name of authorizing Oebtor | if this is an Assignment) | | |
|-----|--|--|---------------------------------|--------|--|
| OR | 9a ORGANIZATIONS NAME FTL Finance | | | | |
| | 96 INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) / INITIAL(S) | SUFFIX | |
| 10. | OPTIONAL FILER REFERENCE DATA | | | | |

International Association of Commercial Administrators (IACA)

91988, Cook, Carmela Malee

2023016121 Page: 2 of 2

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| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS | r addendum | | |
|---|----------------------------|---|----------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: (same as item 1a or | n Amendment form) | | |
| 20582707, Cook, 1L, | | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item | 9 on Amendment form) | | |
| 12a. ORGANZATIONS NAME | | | |
| FTL Finance | | | |
| | | | |
| OR 12b INDIVIDUAL'S SURNA' .E | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S) / INITIAL(S) | SUFFIX | | |
| | | THE ABOVE SPACE IS FOR FILING OFFICE | USE ONLY |
| 13. Name of DEBTOR on related financing structure. (Name of a current Dionty one Debtor name (13a or 13b) (use exact, full name, of not ome, modify, or 13a ORGANIZATION'S NAME | | | |
| CR 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) / INITIAL(S) | SUFFIX |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): | 0_ | | |
| 15. This FINANCING STATEMENT AMENDMENT: | 17. Desci | ription of real estate: | |
| covers timber to be cut covers as-extracted collateral | is filed as a xture filing | | |
| 16. Name and address of a RECORD OWNER of real estate described in ite | am 17 | al Lot: 10 Legal Block: 7 N:13-08-312-035-0000 | |
| (if Debtor does not have a record interest): | | tion 8, Township 40 North, Range 13, East | of |
| Recorded Owner: Carmela Malee | | third principal Meridian, in Cook County, | OI . |
| Owner Address: | | - micipal meridian, in cook county, | |
| 5006 N Mcvicker Ave | 1 | , | |
| Chicago, IL 60630 | | | |
| | | | |
| | | C > | |
| | | C/O/Y | |
| 18. MISCELLANEOUS: | | 15 | |
| | | | |