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## **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)	8839 - BCM (UCC's)				
Lien Solutions P.O. Box 29071	76120585				
Glendale, CA 91209-9071	ILIL				
	FIXTURE				
File with Cook, IL					

Doc# 2029017012 Fee ≇93.00

₹HSP FEE:\$9.00 RPRF FEE: \$1.00

EDHARD M. MOODY

LOOK COUNTY RECORDER OF DEEDS

DATE: 10/16/2020 10:03 AM PG: 1 OF 3

	P.O. Box 29071	7612058	ון פו	İ			
	Glendale, CA 91209-9071	11 11			· * * * * *		'
		FIXTUR	F .				
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	File with: Cook, IL				SPACE IS FOR FILI		
	NITIAL FINANCING STATEMEN FILE NUMBER		1t	b. This FINANCING S	TATEMENT AMENDME REAL ESTATE RECOR	NT is to be filed [fe	or record)
53 —	35119090 12/17/2015 CC L Cook				ent Addendum (Form UCC3/		or's name in item 13
Ī	TERMINATION: Effectiveness of the Financing Stater Statement	nent identified above is ter	minated with re	espect to the security inter	est(s) of Secured Party	authorizing this To	ermination
. [	ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and a			ignee in item 7c <u>and</u> name	e of Assignor in item 9		
. [>	CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applications.		n respect to the	esecurity interest(s) of Se	cured Party authorizing	this Continuation !	Statement is
i, [	PARTY INFORMATION CHANGE:	0					
C	heck one of these two boxes:	AND Check ( ne o th			D name: Complete item	DEL CTC name	: Give record name
Т	his Change affects Debtor or Secured Party of rec	ord item 6a o	5b; and item 7a	or 7b and item 7c 7a	or 7b, and item 7c	to be deleted in	
. C	URRENT RECORD INFORMATION: Complete for Party	Information Change - prov	vidr only <u>c ne</u> n	ame (6a or 6b)			
	6a. ORGANIZATION'S NAME		0				
	Arch Property Group, L.L.C.			/			
OR	6b. INDIVIDUAL'S SURNAME	FIF	RST PERSONAL	NA ME	ADDITIONAL NAM	ie(syinitial(s)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assigna	ment or Party Information Change	- provide only one	name (Ja or 7b) (us^ ~~act, ful	I name; do not omit, modify, or	abbreviate any part of th	ne Debtor's name)
1	7a. ORGANIZATION'S NAME						
DR	76. INDIVIDUAL'S SURNAME						
				•	4		
	INDIVIDUAL'S FIRST PERSONAL NAME		<del></del>		70		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				- X		SUFFIX
		Ct	TY		STATE POSTA	L JOD E	COUNTRY
7c. I	MAILING ADDRESS						E .
7c. l	MAILING ADDRESS					()	
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_	COLLATERAL CHANGE: Also check one of these	e four boxes: ADD col	llateral [	DELETE collateral	RESTATE covered	collateral .	ASSIGN collateral  S _ P _ S _ M
, [	COLLATERAL CHANGE: Also check one of these Indicate collateral:						S_ P_ S_ M_
i, [	COLLATERAL CHANGE: Also check one of these Indicate collateral:  CAME OF SECURED PARTY OF RECORD AUTH	HORIZING THIS AMEND	DMENT: Prov	ride only <u>one</u> name (9a or			S_ P_ S_ M_
), N	COLLATERAL CHANGE: Also check one of these Indicate collateral:  AME OF SECURED PARTY OF RECORD AUTh this is an Amendment authorized by a DEBTOR, check he	HORIZING THIS AMEND	DMENT: Prov	ride only <u>one</u> name (9a or			S_ P_ S_ M_
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3. [ 9. N If	COLLATERAL CHANGE: Also check one of these Indicate collateral:  IAME OF SECURED PARTY OF RECORD AUTHORS is an Amendment authorized by a DEBTOR, check he ga. ORGANIZATION'S NAME  Protective Life Insurance Company	HORIZING THIS AMEND are and provide name	OMENT: Prov e of authorizing	ride only <u>one</u> name (9a or i ) Debtor	9b) (name of Assignor, if	this is an Assignm	S_ P_ S_ M_
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## **UNOFFICIAL COPY**

	C FINANCING STATEMENT AMEN LOW INSTRUCTIONS	NDMENT A	ADDENDUM		
1.	NITIAL FINANCING STATEMENT FILE NUMBER: Same as it	tem 1a on Ameno	dment form	1	
153	5119090 12/17/2015 CC IL Cook			1	
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	e as item 9 on An	mendment form		
	12a. ORGANIZATION'S NAME  Protective 1 ife Incurance Company				
	Protective Life Insurance Company		1		
R	12b. INDIVIDUAL'S SURNAME	,			
	12). INDIVIDUAL O SON VAINE				
	FIRST PERSONAL NAM_				
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX		
	700			THE ABOVE SPACE IS FOR FILING OFFICE US	
J. 	Name of DEBTOR on related financing statemer. (Name of a one Debtor name (13a or 13b) (use exact, full name: do not o	omit, modify, or ab	bbreviate any part of the Deb	tor's name); see Instructions if name does not fit	. 107. / 101100 014.
R	Arch Property Group, L.L.C.  13b. INDIVIDUAL'S SURNAME	<u>x</u>	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	ISS. INOVIDUAL S SONNAME		THO THE WAR		
		,	9		
15.	This FINANCING STATEMENT AMENDMENT:		<b>f</b> '	otion of real estate:	
16.	This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collate  Name and address of a RECORD OWNER of real estate description of the covers as the covers as covers.		as a fixture filing Prope	otion of real estate: erty Address: 12001 S Cicero A	ve, Alsip,
16.	covers timber to be cut covers as-extracted collate		es a fixture filing Prope IL 608	otion of real estate: erty Address: 12001 S Cicero A	ve, Alsip,

[ See Exhibit for Real Estate ]

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18. MISCELLANEOUS: 76120585-IL-31 8839 - BCM (UCC's)

2029017012 Page: 3 of 3

## **UNOFFICIAL COPY**

**Debtor:** Arch Property Group, L.L.C.

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Parcei 10: 24271000510000

COOK COUNTY RECORDER OF DEEDS

COOK COUNTY
PECORDER OF DEEDS

COOK COUNTY
RECORDER OF DELLES