UNOF	<b>FICIAL</b>	COPY

rigang lith \$11	
) ( <b>180</b> 0) <b>1</b> (180) <b>180</b> )	*2033906112*
I IRRUG DAN -	*5022Anorr=

## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	30595 - SUNLIGHT
Lien Solutions P.O. Box 29071	76867784
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	

n-a#	2033906112	Fee	\$93,00

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

Name: Wolters Kluwer Lien Solutions Phone: 800-331-328  B. E-MAIL CONTACT AT FILER (optional)	2 1 ax. 010-002 4141	EDHAF	D M. MOODY	1
uccfilingreturn@wolterskluwer.com			~~	: 1 0F 3
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 3059	5 - SUNLIGHT	DATE	: 12/84/2020 03:10 PM PC	,
Lien Solutions P.O. Box 29071	76867784			
	.IL			
	IXTURE 1			
File with: Cook, IL  1a. INITIAL FINANCING STATEMEN: FILE NUMBER		<u> </u>	ACE IS FOR FILING OFFICE U	
2014147031 5/20/2020 CC I' Cook	[	(or recorded) in the REA	EMENT AMENDMENT is to be filed [i AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> provide Deb	-
TERMINATION: Effectiveness of the Fill and an Statement identific Statement	ed above is terminated with	respect to the security interest(	s) of Secured Party authorizing this T	ermination
<ol> <li>ASSIGNMENT (<u>full</u> or partial): Provide name of ssignee in item For partial assignment, complete items 7 and 9 <u>and</u> at windicate</li> </ol>	7a or 7b, <u>and</u> address of As affected collateral in item 8	signee in item 7c <u>and</u> name of	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Stateme.it identicontinued for the additional period provided by applicable law	fod above with respect to th	e security interest(s) of Secure	d Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	0	- 4		
Check the of these two boxes.	Check c <u>lie</u> of these three boxe	dress: Complete ADD na		: Give record name
This Change affects Debtor or Secured Party of record	item 6: o 6b; and item 7a		, and item 7c to be deleted in	item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information</li> <li>Ga. ORGANIZATION'S NAME</li> </ol>	Change - provide only i ne i	name (6a or 6b)		<del></del>
·	0,			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	√A' . ⊆	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
7.0000055.00.0055.0055.0055.005	<u> </u>			
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info. ORGANIZATION'S NAME</li> </ol>	ormation Change - provide only on	e name (7/ or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part of t	he Debtor's name)
SLSLT Underlying Trust 2019-1 c/o Wilmington	Trust, National Asso	ciation		
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
			0.	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		·- ·- ·- ·-		SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL LODE	COUNTRY
Rodney Square North, 1100 North Market St.	Wilmington		DE 19890	USA
3. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				e V
				S_ <u>/</u>
				<b>P</b> 3
				SN
				0,9
				<u> </u>
NAME OF SECURED PARTY OF RECORD AUTHORIZING T			name of Assignor, if this is an Assignm	ent) CA
If this is an Amendment authorized by a DEBTOR, check here and	HIS AMENDMENT: Provide name of authorizing			20 V
If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME				E
If this is an Amendment authorized by a DEBTOR, check here and ga. ORGANIZATION'S NAME Cross River Bank	I provide name of authorizing	Debtor		E
If this is an Amendment authorized by a DEBTOR, check here and an organization's NAME  Cross River Bank		Debtor	ADDITIONAL NAME(SYINITIAL(S)	E SUFFIX T
If this is an Amendment authorized by a DEBTOR, check here and ga. ORGANIZATION'S NAME Cross River Bank	provide name of authorizing	Debtor		E

2033906112 Page: 2 of 3

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer			
2014147031 5/20/2020 CC IL Cook	ndment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	mandment form		
12a ORGANIZATION'S NAME	inenditient form		
Cross River Bank			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAM_			
ADDITIONAL NAME(S)INITIAL S)	SUFFIX		
70	1	HE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
13. Name of DEBTOR on related financing statemer: (Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or a			13): Provide only
Ox.			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
Jenkins  14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Mike		
Cross River Bank - 885 Teaneck Road , Teaneck, NJ 07666 SLSLT Underlying Trust 2019-1 c/o Wilmington Trust, National Ass	sociation - Rouney Square Nor	th 1100 North Market St., Wilmington, DI	E 19890
		In 1100 North Market St., Wilmington, Di	·
15. This FINANCING STATEMENT AMENDMENT:	17. Description of r		·

913-8112505-000 0064M00000WyV84QAF

[ See Exhibit for Real Estate ]

Cross River Bank

18. MISCELLANEOUS: 76867784-IL-31 30595 - SUNLIGHT FINANCIAL

2033906112 Page: 3 of 3

## **UNOFFICIAL COP**

**Debtor:** Jenkins, Mike

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

Parcel ID:

28 34-413-010-0000

RECORD OF DEEDS

COOK JUST OF THE STATE OF T YTNL COOK CLINTY

RECORDER OF DELES COOK COUNTY