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No.		١	#21104100	955* 66 66 19	(20)
C FINANCING STATEMENT AMENDMEN	IT ·· +-		Doc# 2110410022		99
LOW INSTRUCTIONS VAME & PHONE OF CONTACT AT FILER [optional]	- · · · · · · · · · · · · · · · · · · ·		RHSP FEE:\$9.00 RPRF	FEE: \$1.00	
FTL Finance (888)314-4588	4		KAREN A. YARBROUGH		
E-MAIL CONTACT AT FILER (optional) customerservice@ftlfinance.com			CLERK		
SEND ACKNOWLEDGMENT TO: (Name and Address)			DATE: 04/14/2021 10	:05 AM PG:	1 OF 2
FTL Finance		,	DATE: MAY 147 EGG		
820 South Mair Street Suite 300	1	•	فيع عليون والمسي	e e e e e e e e e e e e	4.
St. Charles, MO 03301	ī		National Property of the Control of		
		THE ABOVE SPAC	E IS FOR FILING OFFICE USE ONL	Υ	
INITIAL FINANCING STATEMENT FILE FUR BER	1b. This	FINANCING STATMENT AMENDM	ENT is to be filed (for record) (or recorded)	in the	
20771674, Secretary of State, IL,	Filer	attach Amendment Addendum (Fo	rm UCC3Ad) <u>and</u> provide Debtor's name in	item 13	
TERMINATION: Effectiveness of the Financinal Standard identified above	ve is terminated with respect to accu	rity interest(s) of the Secured Party	authorizing this Termination Statement		
ASSIGNMENT (full or partial): Give name of assigns ± in flem 7a or 7b, as		nd also give name of Assignor in ite	m 9		
For partial assignment, complete items 7 and 9 and 1 du indicate affected or CONTINUATION: Effectiveness of the Financing Stateme. It identifies the		ts) of the Secured Party authorizing	this Continuation Statement is		
continued for the additional period provided by applicable law.	- The section of the	C. S.			
PARTY INFORMATION CHANG Check only one of these two boxes AND	check g g of the these three boxes t	0			
	gem a or 6 , and item 7a or 7b and it	Rete ADD name: Comple	ete item 7a or DELETE name. G	live record	
CURRENT RECORD INFORMATION: - Complete for Parly Information	on Change - pro ide only <u>one</u> na	ne (6a or 6b)	•		
6a. ORGANIZATION'S NAME	7				
6b. INDIVIDUAL'S SURNAME	FIRST F ERSONA	NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX	
Jackson	Lois)			
CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	arty Information Change - provide or	ılyır <u>e</u> name (7a or 7b) (use exact, t	ull name; do not omit, modify,		
or abbreviate any part of the Debtor's name) 7a ORGANIZATION'S NAME		-4)			
E TENERO		(C)			
76 INDIVIDUAL'S SURNAME	<u> </u>			•	
INDIVIDUAL'S FIRST PERSONAL NAME					
7			<u>Q</u> ,		
INDIVIDUAL'S ADDITIONAL NAME(SMINITIAL(S)		,		SUFFIX	
"	city		STATE PLST L CODE	COUNTRY	
MAILING ADDRESS "	CIT		STATE FESTILE CODE	COOMING	
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral]	TATE	N collateral	
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	☐ vpn constetst: [DELETÉ collateral RES	TATE covered collaters. (SSIG	N collateral	
)	
				(A)	
				•	Ø
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	NONE CONTROL OF THE C	or (Co. or Oh) (name of Assignment	if this is an Assissment		<u></u>
If this is an Amendment authorized by a DESTOR, check here	and provide name of autho		it tills is all Assignitions)		P -
9a ORGANIZATION'S NAME					
FTL Finance	FIRST PERSONAL	NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX	SW
96. INDIVIOUAL'S SURNAME	FIRST PERSONAL	District	NEDSTRUCTURE (STRUCTURE)	JON-FIA	E, M
OPTIONAL FILES REFERENCE DATA			<u></u>		
. OPTIONAL FILER REFERENCE DATA 1486, Secretary of State, Lois Jackson		,	.		Carlonal Car
			al Association of Commercial Administra	ators (IACA)	
ING OFFICE COPY - UCC FINANCING STATEMENT AMENDMEN	T (FORM UCC3) (REV. 04/20				Press Press
					Long

2110410022 Page: 2 of 2

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UCC FINANCING STATEMENT AMENDING FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: (same as item	i 3a on Amendment form)		
20771674, Secretary of State, IL,			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as	stem 9 on Amendment form)		
128 ORGANIZATION'S NAME		,	
FTL Finance			
OR 12b INDIVIDUAL'S SURNAME			
,			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S) / INITIA' (s)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
13. Name of DEBTOR on related fin, noin, statement (Name of a curre			
only one Debtor name (13a or 13b) (use exact, full lame; do not omit, mode	fy, or abbreviate any part of the Debtor's name); see Inst	ructions it name does not fit	
13a ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADOITIONÁL NAME(S) / INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):		•	
15. This FINANCING STATEMENT AMENDMENT:	17. Descri	ption of real estate:	
covers timber to be cut covers as-extracted collateral	X : de a a fixture filing		
16. Name and address of a RECORD OWNER of real estate described	Lin item 17	: 20-31-107-054-0000 Description: EAST	l. 8
(if Debtor does not have a record interest):	FIL	OTIO BLK4 SUB BLKS1&2 HUN TER	S
Recorded Owner: Lois Jackson	SUB	Municipality: LAKE, S-T-R: 31-38-14,	
Owner Address:	Cour	nty: COOK	
2021 West 79th Pl	46		
Chicago, IL 60620			
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18. MISCELLANEOUS:	· · · · · · · · · · · · · · · · · · ·		
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