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Doc#: 2110918180 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 04/19/2021 07:52 AM Pg: 1 of 4

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 Glendale, CA 91209-9071	79411944 ILIL FIXTURE
File with: Cook, IL	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 1621117131 7/29/2016 CC IL Cook	1b. <input checked="" type="checkbox"/> 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			
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 8a or 8b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 8a or 8b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide <u>only one</u> name (8a or 8b)				
6a. ORGANIZATION'S NAME BLOOMINGDALE PRESERVATION, L.P.				
OR	6b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)			
	SUFFIX			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide <u>only one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
	SUFFIX			
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: SEE ATTACHED:				

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide <u>only one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME ZIONS BANK, A DIVISION OF ZB, NATIONAL ASSOCIATION				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: BLOOMINGDALE PRESERVATION, L.P. 79411944 991062440 A				

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

ZIONS BANK, A DIVISION OF ZB, NATIONAL ASSCOIATION

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

BLOOMINGDALE PRESERVATION, L.P.

OR

13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

BLOOMINGDALE PRESERVATION, L.P. - 60 COLUMBUS CIRCLE, 18TH FLOOR, NEW YORK, NY 10023

Secured Party Name and Address:

ZIONS BANK, A DIVISION OF ZB, NATIONAL ASSCOIATION - 111 W. WASHINGTON ST SUITE 1860, CHICAGO, IL 60602

15. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:

PROPERTY ADDRESS:

1745 NORTH KEYSTONE AVENUE
CHICAGO, IL

TAX PARCEL ID:

13344220010000
13344220020000

[See Exhibit for Real Estate]

18. MISCELLANEOUS: 79411944-IL-31 8839 - BCM (UCC's)

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991062440 A

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Debtor: BLOOMINGDALE PRESERVATION, L.P.

Exhibit for Real Estate

17. Description of real estate: Continued

13344220030000
13344220040000
13344220050000
13344220060000 ETC..

Parcel ID:
SEE ABOVE

Property of Cook County Clerk's Office

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EXHIBIT A

DESCRIPTION OF THE LAND

Lots One (1) to Twelve (12) inclusive and Forty (40) to Forty-eight (48) inclusive (except the South 16 feet of Lot 40 dedicated for alley) and vacated alley lying between said Lots, all in Block 24 in Garfield, a Subdivision of the Southeast Quarter of Section 34, Township 40 North, Range 13 East of the Third Principal Meridian (except the West 307 feet of the North 631.75 feet and the West 375 feet of the South 1295 feet thereof) in Cook County, Illinois.