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UCC FINANCING STATEMENT AMENDMENT

B. E-N SF				BUSB		
B. E-N	ME & PHONE OF CONTACT AT FILER (optional) SC 1-800-858-5294			RHSP FEE:\$9.00 RPRF FE KAREN A. YARBROUGH	E: \$1.00	
	MAIL CONTACT AT FILER (optional)	-				
	PRFiling@cscglobal.com]	COOK COUNTY CLERK		
C. SEI	ND ACKNOWLEDGMENT TO: (Name and Address)			DATE: 07/01/2021 02:38	PM PG: 1 OF	
21				<u> </u>		
	SC	•			·	
	01 Adlai Stevenson Drive pringfield, IL 62703	- 24 1.1 107 1				
 		Filed In: Illinois (Cook) I				
ᆫ	-	(223.,)	THE ABOVE SPACE	E IS FOR FILING OFFICE USE	ONLY	
	TIAL FINANCING STATEMEN THE RUMBER		1b. This FINANCING STATEM (or recorded) in the REAL	ENT AMENDMENT is to be filed (for	record]	
	TERMINATION: Effectiveness of the Fir.ancing Statement identifie Statement	ed above is terminated w				
	ASSIGNMENT (full or partial): Provide name of Assignee in item 7 For partial assignment, complete items 7 and 9 and itso indicate afficials			Assignor in item 9		
	CONTINUATION: Effectiveness of the Financing Statement identical for the additional period provided by applicable law	ified above with respect	to the security interest(s) of Secu	red Party authorizing this Continuation	on Statement is	
5. 🔲 1	PARTY INFORMATION CHANGE:	5			•	
		eclions of these three bo		Complete item	Give record name	
This	Change affects Debtor or Secured Party of record	item 6a r 6b; and item 7	7a or 7b <u>and</u> item 7c 7a or 7b, 3	e: Complete item DELETE name: and item 7c DELete name:		
	RRENT RECORD INFORMATION: Complete for Party Informatio	n Change - pr vide o ly	one name (6a or 6b)			
ba	a. ORGANIZATION'S NAME					
OR Sh	INDIVIDUAL'S SURNAME	FIRST PERSON	N/4E	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	ANCHEZ	GUILLER	. // 1	ADDITIONAL HAMELOJAHITALIOJ	00.71%	
!_	ANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	anly one name 's a or 7h) (use eyect full name	ne do not omit modify or abbreviate any nad o	the Debtor's name)	
	a. ORGANIZATION'S NAME	mormation change - provide o	only one from the fro	is, so not other, moonly, or above liste billy pair o	THE DESIGN S HERE!	
00						
OR 75	b. INDIVIDUAL'S SURNAME		.0			
L	7 -,					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			<u> </u>	Isuffix	
-				U/S	0011111	
	ULING APPRECE			STATE POSTAL CODE		
7c. MA	AILING ADDRESS	CITY		SIAIL ILOSIAL SOUL	COUNTRY	
7c. MA	MEING ADDRESS	CITY		STATE POSINESONE	USA	
		CITY ADD coftateral	DELETE collateral R	, C	USA	
8. 🔲 (COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral R	, C		
8. 🔲 (COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:		DELETE collateral R	, C	USA	
8. 🔲 (Porc GUIL	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ		DELETE collateral R	, C	USA	
8. 🔲 (Porc GUIL MAR	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ		DELETE collateral R	, C	USA	
8. 🔲 (Pord GUIL MAR 2504	COLLATERAL CHANGE: Also check one of these four boxes: [Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ 4 N Long Ave		DELETE collateral R	, C	USA	
8. 🔲 (Pord GUIL MAR 2504	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ		DELETE collateral R	, C	USA	
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Pord GUIL MAR 2504 Chic	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ 4 N Long Ave cago, IL 60639 ME OF SECURED PARTY OF RECORD AUTHORIZING T	ADD coffateral HIS AMENDMENT: P	Provide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral	USA SSIGN collateral	
8.	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ 4 N Long Ave cago, IL 60639 ME OF SECURED PARTY OF RECORD AUTHORIZING To is is an Amendment authorized by a DEBTOR, check here and p	ADD coffateral HIS AMENDMENT: Provide name of authorizing	Provide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral	USA SSIGN collateral	
8.	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ 4 N Long Ave cago, IL 60639 ME OF SECURED PARTY OF RECORD AUTHORIZING T	ADD coffateral HIS AMENDMENT: Provide name of authorizing	Provide only <u>one</u> name (9a or 9b) (n	ESTATE covered collateral	USA SSIGN collateral	
Porce GUIL MAR 2504 Chic	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: Ch LLERMINA SANCHEZ RIA SANCHEZ 4 N Long Ave cago, IL 60639 ME OF SECURED PARTY OF RECORD AUTHORIZING To is is an Amendment authorized by a DEBTOR, check here and p	ADD coffateral HIS AMENDMENT: Provide name of authorizing	Provide only <u>one</u> name (9a or 9b) (n ng Debtor	ESTATE covered collateral	USA ISSIGN collateral	

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UCC FINANCING STATEMENT AMENDMEN	T ADDENDUM	l	
FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A	Amendment form		
1622244030 08/09/2016			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 and 12a. ORGANIZATION'S NAME	on Amenament form		
Foundation Finance Company LLC			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME.			
ADDITIONAL NAME(S)/IN, TIA_(S)	SUFFIX		
700		THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Det one Debtor name (13a or 13b) (use exact, full name; Jo not omit, modify, or abbril 13a. ORGANIZATION'S NAME			3): Provide only
Ox.			
13b. INDIVIDUAL'S SURNAME SANCHEZ	FIRST PERSONAL NAME GUILLERMINA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT:	17. Descripti	on of (63) \$ sales: APN:13-28-319-040-0000	
covers timber to be cut covers as-extracted collateral is filed to 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): GUILLERMINA SANCHEZ MARIA SANCHEZ 2504 N Long Ave Chicago, IL 60639	as a fixture filing Census Townsh Munic/ LOT 29	Tract / Block:1907.02 / 1 hip-Range-Sect:40-13-28 Fownship:JEFFERSON AND 30 IN BLOCK 1 IN HOWSER'S VISION OF THE SOUTHWEST 1/4 OF	

18. MISCELLANEOUS: