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			Doc# 2123833053 Fe	e \$93.00
			RHSP FEE: \$9.00 RPRF FEE	: \$1.00
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT		RHSP FEE: \$9.00 RPR	
A. NAME & PHONE OF CONTACT AT FILER (optional)			COOK COUNTY CLERK	1 OF 2
Tiffany Carter 3145065526 B. E-MAIL CONTACT AT FILER (optional)			COOK COUNTY CLERK DATE: 08/26/2021 12:37	PM bg: T A.
loanservices@cassbank.com			-	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
CASS COMMERCIAL BANK 12412 POWERSCOURT DR STE 175 ST LOUIS MO 63131	I			
				<u>:</u>
		THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT F'LE NUMBER 1434333028	1	(or recorded) in the RE	TEMENT AMENDMENT is to be filed [for EAL ESTATE RECORDS Addendum (Form UCC3Ad) and provide Debto	
2. TERMINATION: Effectiveness of the Finan and Statement identified about	ove is terminated w			
Statement 3. ASSIGNMENT (full or partial): Provide name of A sign se in item 7a or	7h and address of	Assigned in item 7s and name	o of Assigner in item 0	
For partial assignment, complete items 7 and 9 and 15° in cate affected			e of Assignor in Reili a	
CONTINUATION: Effectiveness of the Financing Statemer, identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of S	Secured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:	these three bo	vas ta		
	ANGI , name and/or a n 6a ur 6b; pnem 7		name: Complete itemDELETE name: 7b, and item 7c to be deleted in i	Give record name tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Cha Ga. ORGANIZATION'S NAME				
EMMAUS MINISTRIES	0			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAM I	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide o	nly one name (7a or 7h) (use exact, fu	Il name; do not omit, modify, or abbreviate any part o	(the Debtor's name)
7a. ORGANIZATION'S NAME		6/2		
OR 7b. INDIVIDUAL'S SURNAME			<i>^</i> /	
INDIVIDUAL'S FIRST PERSONAL NAME			T'.	
			0.	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			75c.	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL COUL	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral:	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate constent.				5_1
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A NAME OF CECUPED PARTY DECORD	4145451515			₩ У
	AMENDMENT: Pi e name of authorizin) (name of Assignor, if this is an Assignme	enti ————————————————————————————————————
9a. ORGANIZATION'S NAME CASS COMMERCIAL BANK				3C X
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
				-

10. OPTIONAL FILER REFERENCE DATA:

2123833053 Page: 2 of 2

UNOFFICIAL COPY

FIRST PERSONAL NAME ADDITIONAL NAME(S)RINTA (S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing stat in ent (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction idem 13): Provide only agg Debtor name (13 or 33b) (use exact, full numer denote only, or abovervate any part of the Debtor's name), see Instructions if name does not fit 13a. DRGANAZIONEN NAME EMMAUS MINISTRIES OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ADDITIONAL SPACE FOR ITEM 8 (Collateral)	FOLLOW INSTRUCTIONS	I ADDENDOM		
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