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410666391,

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
UCC MANAGER (312) 224-0416	
B. E-MAIL CONTACT AT FILER (optional)	
ucc@castlecredit.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
CASTLE CREDIT CO HOLDINGS, LLC	1
200 S MICHIGAN AVE SUITE 450	
CHICAGO, IL, 6%04	
	_

|--|

2135028001

loc# 2135028001 Fee \$88.00

HSP FEE:\$9.00 RPRF FEE: \$1.00

AREN A. YARBROUGH

OOK COUNTY CLERK

ATE: 12/16/2021 09:31 AM PG: 1 OF 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a.	INITIAL FINANCING STATEMENT	FILE NUMBER	

1a. INITIAL FINANCING STATEMENT FILE NUMBER 1901716024 2019-01-17 COOK IL	1b. 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
2. TERMINATION: Effectiveness of the Financing Statement Identified above is terminated Statement	with respect to the security interest(s) of Secured Party authorizing this Termination

3. [ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also in	o in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 bit ste affected collateral in item 8	
4. [CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable to	ent Jentif ad above with respect to the security interest(s) of Secured Party authorizing this Continuat aw	ion Statement is
5. [PARTY INFORMATION CHANGE:		
	Check one of these two boxes:	AND Check on of nese three boxes to:	
	This Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete ADD name: Complete item DELETE name: Ta or 7b, and item 7c Ta or 7b, and and item 7c Ta or 7b, and	Give record name item 6a or 6b
	CURRENT RECORD INFORMATION: Complete for Party		
٠, ١	Fa. ORGANIZATION'S NAME	manual charge processing <u>or and the over</u>	
	out sites and it is an a	9/,	
OR		FIRST PERSONAL NAME (S)/INITIAL(S)	SUFFIX
	66. INDIVIDUAL'S SURNAME	7 11011210011101111011111111111111111111	Jaorria
	CEASE/CEASE	JOYCE/GERALD	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment	ent or Party Information Change - provide only one name (7a or 7J) (use hact, full name; do not omit, modify, or abbreviate any part	of the Deblor's name)
	7a. ORGANIZATION'S NAME	<u> </u>	
		· (Q ₄)	
OR	7b. INDIVIDUAL'S SURNAME	74.	
		1/2	
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7 ¢.	MAILING ADDRESS	CITY STATE POSTAL CODE	COUNTRY
-			***************************************
9. <u>[</u>	COLLATERAL CHANGE: Also check one of these four t	oxes: ADD collateral DELETE collateral RESTATE covered collateral	ASSIGN collateral
	Indicate collateral:		

9, NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a, ORGANIZATION'S NAME

CASTLE CREDIT ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA: **CONTRACT ID: 165491T JG**

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FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendm			
1901716024 2019-01-17 COOK IL	nent form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on American Organization's NAME CASTLE CREDIT	ndment form		
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL (S)	SUFFIX		
ADDITIONAL NAME(S)/INITIA (S)		THE ABOVE SPACE IS FOR FILING OFFICE L	JSE ONLY
13. Name of DEBTOR on related financing signary ent (Name of a current Debtor of re one Debtor name (13a or 13b) (use exact, full name, de not omit, modify, or abbreviate a 13a. ORGANIZATION'S NAME			13): Provide only
100	T PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
		C/0/4/5 O.	
15. This FINANCING STATEMENT AMENDMENT:	17. Description of	The co	

18. MISCELLANEOUS: