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	83973236			
Glendale, CA 91209-9071	ILIL			
	FIXTURE			
File with: Cook, IL				

Doc#	2135633035	Fee	\$93 .	100
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RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

uccfilingreturn@wolterskluwer.com	.DATE: 12/22/2021 11:31 AM PG: 1 OF 4
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8839 - BCM (L	CC's)
Lien Solutions P.O. Box 29071	36
Glendale, CA 91209-9071 L L	
FIXTU	RE
File with: Cook, IL	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FIL : NUMBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
1716304042 6/12/2017 CC ii Ccok	Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
 TERMINATION: Effectiveness of the Fir ancinc Statement identified above is Statement 	erminated with respect to the security interest(s) of Secured Party authorizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected col	
CONTINUATION: Effectiveness of the Financing Statemer, identified above continued for the additional period provided by applicable law	ith respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	these three boxes to:
CHANG	name and/or address: Complete op; and item 7c ADD name: Complete item DELETE name: Give record name to be deleted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Change - p Ga. ORGANIZATION'S NAME 	ovide only <u>c</u> name (6a or 6b)
SCHOLARS CORNER, LLC	
66. INDIVIDUAL'S SURNAME	these three boxes to: If ame and/or address: Complete or or, and item 7c ADD name: Complete item to be deleted in item 6a or 6b ADD name: Complete item to be deleted in item 6a or 6b If and item 7c To and item 7c To or 7b, and item 7c To be deleted in item 6a or 6b If and item 7c To be deleted in item 7c To be deleted in item 6a or 6b If and item 7c To be deleted in item 6a or 6b If and item 7c To
	e - provide only one name (70 = 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	C <i>y</i> ■
75, INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	_
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7c. MAILING ADDRESS	STATE POST/L COD. COUNTRY
I DOUGHTERN CHANGE AND A LONG AND A COMMENT	
COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes: <u>ADD of Indicate collateral</u> :	ollateral
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	P <u>4</u>
	e 1
	MY
	DMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) se of authorizing Debtor
9a. ORGANIZATION'S NAME CMFG LIFE INSURANCE COMPANY	EV
7B	IRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
0. OPTIONAL FILER REFERENCE DATA: Debtor Name: SCHOLARS COI 33973236 786253173	RNER, LLC

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment				
1716304042 6/12/2017 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendm 12a. ORGANIZATION'S NAME	ent form			
CMFG LIFE INSURANCE COMPANY				
OR				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(',)	SUFFIX			
70_		THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY	
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record one Debtor name (13a or 13b) (use exact, full named on on omit, modify, or abbrevia			13): Provide only	
13a, ORGANIZATION'S NAME	<u> </u>	<u></u>		
SCHOLARS CORNER, LLC				
13b. INDIVIDUAL'S SURNAME FIRS	T PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	-	<u> </u>	<u> </u>	
Debtor Name and Address:		•		
SCHOLARS CORNER, LLC - 100 NORTH LASALLE STREET SULLF 12	00, CHICAGO, IL 6	50602		
Secured Party Name and Address: CMFG LIFE INSURANCE COMPANY - 5910 MINERAL POINT ROAD . N	.14DISON, WI 5370	05		
	40x			
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		· 1/2		
		5		
		1/5.		
		· (C-		
	T.=			
15. This FINANCING STATEMENT AMENDMENT: ☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixt	I '	on of real estate:		
16. Name and address of a RECORD OWNER of real estate described in item 17	PROFI	PERTY ADDRESS:		
(if Debtor does not have a record interest):	5100 S	CORNELL AVNEUE		
		GO, IL		
	10111071	100, 12		
	TAX P	ARCEL ID:		
	20-12-	107-001-0000		
	[See Eve	nibit for Real Estate]		
AN ANODELLANDOLO 20073230 II AA ANNA BALLUARY				
18. MISCELLANEOUS: 83973236-IL-31 8839 - BCM (UCC's) CMFG LIFE INS	SURANCE COMPANY	File with: Cook, IL 786253173 L		

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Debtor: SCHOLARS CORNER, LLC

Exhibit for Real Estate

17. Description of real estate: Continued

Parcel ID: 20-12-107-001-0000

cel IL .12-107-.

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

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EXHIBIT 8 TO UCC-1 FINANCING STATEMENT

Description of Real Estate

Debtor:

Secured Party:

Schot: rs Corner, LLC 100 North LaSalle Street, Suite 1200 Chicago, L 50602

Organizational ID: 32-0011045

CMFG Life Insurance Company c/o MEMBERS Capital Advisors, Inc. 5910 Mineral Point Road Madison, WI 53705

LOTS 1 AND 2 IN RICHARD 1. MULVEY'S SUBDIVISION OF LOTS 1 TO 4, BOTH INCLUSIVE AND THE NORTH 1/2 OF LOT 5 IN BLOCK 17 IN HYDE PARK, BEING A SUBDIVISION IN SECTION 12, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 5100 S. CORNELL AVE., CHICAGO, IL 60615 (13 STORY -OUNTY CIEPTS OFFICE BRICK BUILDING)

PIN: 20-12-107-001-0000