UNOFFICIAL COPY

					aca (1886-1881) 88818 (1881) '	
JCC FINANCING STATEMENT AMENDME OLLOWINSTRUCTIONS	ENT			∗ 2135	728027 *	
A. NAME & PHONE OF CONTACT AT FILER (optional)		Ī		.)27 Fee \$9	3.00
Vanessa A. Orta 405-236-0003			Doc# 2	1721500	,	
B. E-MAIL CONTACT AT FILER (optional)			RHSP FE	E:\$9.00 RF	PRF FEE: \$1.0	0
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			KAREN A	. YARBROU	GH	
, , , , , , , , , , , , , , , , , , ,	\neg					a. 1 0F 3
McCoy & Orta, P.C.	ı		DOTE:	12/23/2021	.K L 11:12 AM P	6: 1 0 .
100 North Broadway, 26th Floor			ун ть.			
Oklahoma City OK 73102						
					LING OFFICE US	
# 2116110008 filed 6/10/21			in the REAL I	ESTATE RECO	IENT is to be filed [f DRDS IC3Ad) <u>and</u> provide De	
. TERMINATION: Effectiveness of the rinancing Statement identified a Statement	above is terminated w	ith respect to the se	curity interest	(s) of Secured	Party authorizing th	nis Termination
ASSIGNMENT (Tull) or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affecti			and name of	Assignor in ite	nm 9	
. CONTINUATION: Effectiveness of the Financing Statement uer tife continued for the additional period provided by applicable lay	ed above with respect	to the security intere	est(s) of Secu	red Party autho	orizing this Continue	ation Statement is
. PARTY INFORMATION CHANGE:						****
	one of these three bo		4DD		- DE LETT	
This Change affects Debtor or Secured Party of record its	Chank - name and/or ac em 6a r 6b; and item 7	a or 7b <u>and</u> item 7c		e: Complete iter <u>ind</u> item 7c		e: Give record name in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information C	Change - pr vide o ly o	ne name (6a or 6b)				
		712 : maile (ear of ea)				
6a. ORGANIZATION'S NAME	0					
6a, ORGANIZATION'S NAME	0	/,				lauran.
6a. ORGANIZATION'S NAME	FIRST PERSON.	/,		ADDITIONAL N	NAME(S)/INITIAL(S)	SUFFIX
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME		AL WAE			.,	
6a, ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME		AL WAE	ise exact, full nam		.,	
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRU	formation Change - provide o	AL WAE	rse exact, full nam		.,	
R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI	formation Change - provide o	AL WAE	rse exact, full nam		.,	
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI	formation Change - provide o	AL WAE	rse exact, full nam		.,	
R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment of Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	formation Change - provide o	AL WAE	rse exact, full nam		.,	rt of the Debtor's name)
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME	formation Change - provide o	AL WAE	ise exact, full nam		.,	
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	formation Change - provide o	AL WAE	6/4	ie; do not omit, mo	.,	rt of the Debtor's name)
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	formation Change - provide of USTEE*	AL WAE	6/4	state POS	dify, or abbreviate any pa	nt of the Debtor's name)
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED	formation Change - provide of USTEE*	AL WAE	6/4	state POS	dify, or abbreviate any pa	SUFFIX
Ba. ORGANIZATION'S NAME Bb. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED	Ormation Change - provide o	A. N. A.E nly <u>one</u> name (*a or 7b) (u	6/4	state POS	dify, or abbreviate any pa	SUFFIX COUNTRY USA
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral;	CITY Boston ADD collateral	A. N. A.E. nly one name (7a or 7b) (u	al RE	STATE POS MA 0:	dify, or abbreviate any particles of the control of	SUFFIX COUNTRY USA ASSIGN collater
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) E. MAILING ADDRESS ONE Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral; FOR THE REGISTERED HOLDERS OF WELLS	Ormation Change - provide o USTEE* CITY Boston ADD collateral	AL NUME IN one name (74 or 76) (u DELETE collatera	DRTGAG	STATE POS MA 0:	dify, or abbreviate any particles of the control of	SUFFIX COUNTRY USA ASSIGN collater
8a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS ONE Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS	Ormation Change - provide o USTEE* CITY Boston ADD collateral	AL NUME IN one name (74 or 76) (u DELETE collatera	DRTGAG	STATE POS MA 0:	dify, or abbreviate any particles of the control of	SUFFIX COUNTRY USA ASSIGN collater
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) E. MAILING ADDRESS ONE Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral; FOR THE REGISTERED HOLDERS OF WELLS	Ormation Change - provide o USTEE* CITY Boston ADD collateral	AL NUME IN one name (74 or 76) (u DELETE collatera	DRTGAG	STATE POS MA 0:	dify, or abbreviate any particles of the control of	SUFFIX COUNTRY USA ASSIGN collater
6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) E. MAILING ADDRESS ONE Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral; FOR THE REGISTERED HOLDERS OF WELLS	Ormation Change - provide o USTEE* CITY Boston ADD collateral	AL NUME IN one name (74 or 76) (u DELETE collatera	DRTGAG	STATE POS MA 0:	dify, or abbreviate any particles of the control of	SUFFIX COUNTRY USA ASSIGN collater
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS IULTIFAMILY MORTGAGE PASS-THROUGH CE	CITY D Boston ADD collateral FARGO COMERTIFICATES,	DELETE collatera MERCIAL MO SERIES 202	ORTGAC	STATE POS MA 0:	dify, or abbreviate any pa	SUFFIX COUNTRY USA ASSIGN collater
68. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 78. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS IULTIFAMILY MORTGAGE PASS-THROUGH CE	CITY D Boston ADD collateral FARGO COM ERTIFICATES,	DELETE collatera MERCIAL MO SERIES 202	ORTGAC	STATE POS MA 0:	dify, or abbreviate any pa	SUFFIX COUNTRY USA ASSIGN collater
68. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 78. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) CMAILING ADDRESS ONE Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS BULLTIFAMILY MORTGAGE PASS-THROUGH CE NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and proving the proving	CITY D Boston ADD collateral FARGO COMERTIFICATES,	DELETE collatera MERCIAL MO SERIES 202	ORTGAC	STATE POS MA 0:	dify, or abbreviate any pa	SUFFIX COUNTRY USA ASSIGN collater
6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS MULTIFAMILY MORTGAGE PASS-THROUGH CE NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provides or organization's NAME	CITY D Boston ADD collateral FARGO COM ERTIFICATES, S AMENDMENT: Pride name of authorizing	DELETE collatera MERCIAL MO SERIES 202	ORTGAC	STATE POS MA 0:	dify, or abbreviate any pa	SUFFIX COUNTRY USA ASSIGN collater ment)
6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED Indicate collateral; FOR THE REGISTERED HOLDERS OF WELLS MULTIFAMILY MORTGAGE PASS-THROUGH CE Indicate of Secured Party of Record Authorizing This if this is an Amendment authorized by a DEBTOR, check here and proving the province of the party	CITY D Boston ADD collateral FARGO COM ERTIFICATES, S AMENDMENT: Pride name of authorizing	DELETE collatera MERCIAL MO SERIES 202	ORTGAG 21-SB92	STATE POS MA 0:	STAL CODE 2110 RITIES, INC.	SUFFIX COUNTRY USA ASSIGN collater ment)
6a. ORGANIZATION'S NAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME U.S. BANK NATIONAL ASSOCIATION, AS TRI 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS One Federal Street, 3rd Fl., Mail Code EX-MA-FED COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: FOR THE REGISTERED HOLDERS OF WELLS MULTIFAMILY MORTGAGE PASS-THROUGH CE If this is an Amendment authorized by a DEBTOR, check here and proving an ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPO	CITY D Boston ADD collateral FARGO COMERTIFICATES, S AMENDMENT: Pride name of authorizing	DELETE collatera MERCIAL MO SERIES 202	ORTGAG 21-SB92	STATE POS MA 0:	dify, or abbreviate any pa	SUFFIX COUNTRY USA ASSIGN collater ment)

2135728027 Page: 2 of 3

UNOFFICIAL COPY

FOLLOWINSTRUCTIONS	ENDUM
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for # 2116110008 filed 6/10/21	n .
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment	form
12a. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION	
,	
OR 12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL N. MF	
ADDITIONAL NAME(S)/IN TIA' (\$)	SUFFIX
100	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
 Name of DEBTOR on related financing student (Name of a current Debtor of record re one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part 	
13a, ORGANIZATION'S NAME INTEGRITY 3, LLC	
OR 13b. INDIVIDUAL'S SURNAME FIRST PERS	ONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	
. 15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:
covers timber to be cut covers as-extracted collateral / is filed as a fixture filing	covering the property more specifically described on
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	Exhibit "A", attached hereto and made a part hereof
	PIN: 11-32-303-019-0000
	Property Address: 6726 North Glenwood Avenue, Chicago, IL 60626
18. MISCELLANEOUS:	

2135728027 Page: 3 of 3

UNOFFICIAL COPY

EXHIBIT A LEGAL DESCRIPTION

Lot 19 in Block 2 in Carlson and Holmes Subdivision of Lots 1 and 2 of Seymour's Estate Subdivision of the West 1/2 of the Southwest 1/4 of Section 32, Township 41 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Tax Parcel Number: 11-32-303-019-0000

COOK COUNTY CLERK OFFICE recording division 116 N. CLARK ST. ROOM 120 CHICAGO, IL 69602-1387

COCK COUNTY CLERK OFFICE
RECORDING DIVISION
THE CLARK ST. ROOM 120
11 60662-1387 S Office

Loan No.: 507007093 M&O File No.: 7859.062

Loan Name: 6726 North Glenwood Ave

Pool: SB-92