## **UNOFFICIAL COPY**

· · ·	*229771-020
UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS	Doc# 2207316028 Fee \$93.00
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	RHSP FEE:\$9.00 RPRF FEE: \$1.00
B. E-MAIL CONTACT AT FILER (optional)	KAREN A. YARBROUGH
SPRFiling@cscglobal.com	COOK COUNTY CLERK
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	DATE: 03/14/2022 11:49 AM PG: 1 OF 2
2279 40551 CSC	$\prod_{i}$
801 Adlai Stevenson Drive	الربيل يبليد والمستداعات في المستداعات المست
Springfield, IL 62703 Filed In:	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMEN 1. 11 = N UMBER 1916345072 06/12/2015	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 13
	terminated with respect to the security interest(s) of Secured Party authorizing this Termination
Statement	d Address in the 7- and a second in the 6-
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, an     For partial assignment, complete items 7 and 9 and also not cate affected collate	eral in item 8
<ol> <li>CONTINUATION: Effectiveness of the Financing Statemen' iden, fied above continued for the additional period provided by applicable law</li> </ol>	with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND Check one of these two boxes:  CHAN'D	ame and/or address: CompleteADD name: Complete itemDELETE name: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6. CURRENT RECORD INFORMATION: Complete for Party Information Change -	6b; gnd item 7a or 7b and item 7c
6a. ORGANIZATION'S NAME	O .
OR 6b. INDIVIDUAL'S SURNAME FIR	ST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	velyn L
	range - provide only one name, (a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORĜANÎZATION'S NAME	C' <sub>2</sub>
OR 75, INDIVIDUAL'S SURNAME	(Q <sub>A</sub> ,
	4,
INDIVIDUAL'S FIRST PERSONAL NAME	· S _
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS CIT	Y STATE POSTAL CODE COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD coll	ateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:	Ping Control
	or and the second of the secon
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	E _ A
	8-3-2
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN If this is an Amendment authorized by a DEBTOR, check here and provide name</li> </ol>	
9a. ORGANIZATION'S NAME Foundation Finance Company LLC	
OR OB INDIVIDUAL'S SUBMANE	
OR 9b. INDIVIDUAL'S SURNAME FIR	ST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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FOLLOW INSTRUCTIONS	IDMENT ADDENDUM	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same 1916345072 06/12/2019	as item 1a on Amendment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: SI	ame as item 9 on Amendment form	
12a. ORGANIZATION'S NAME		
Foundation Finance Company LLC		
OR 12b. INDIVIDUAL'S SURNAME		
FIRST PERSONAL NAME		
	1	
ADDITIONAL NAME(S)/INITYLECT	SUFFIX	
13. Name of DERTOR on related financial of the ent (Name of		BOVE SPACE IS FOR FILING OFFICE USE ONLY
<ol> <li>Name of DEBTOR on related financing statement (Name one Debtor name (13a or 13b) (use exact, full name; do not omit, it</li> </ol>		
13a. ORGANIZATION'S NAME	•	
OR 13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Malcolm	Evelyn	L
•	OUNTY O	
	County C	STA'S OFFICE

18. MISCELLANEOUS: