Doc#. 2216417022 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/13/2022 10:16 AM Pg: 1 of 2

UCC FINANCING STATEMENT AMENDI	MENT				
FOLLOWINSTRUCTIONS		,			
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		<u>.</u>			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
2290 68890	コ				
CSC 801 Adlai Stevenson Crive					
Springfield, IL 627/Ju	Filed In: Illinois				
	(Cook)				
				R FILING OFFICE USE C	
1a. INITIAL FINANCING STATEMENT AND JUMBER		1b. This FINANCI	NG STATEMENT AMI In the REAL ESTATE	NOMENT is to be filed [for r	ecord)
1911245072 04/22/2019		Filer, <u>attach</u> Am	nendment Addendum (Fo	rm UCC3Ad) <u>and</u> provide Debtor	
2. TERMINATION: Effectiveness of the Financia Statement identions Statement	fied above is terminaled	vith respect to the sec	curity interest(s) of Se	cured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of / ssio_ee in Itel For partial assignment, complete items 7 and 9 and also indicate:	n 7a or 7b, <u>and</u> address o affected collateral in item	f Assignee in item 7c B	and name of Assignor	r in item 9	
4. CONTINUATION: Effectiveness of the Financing Stateme it idea continued for the additional period provided by applicable law	n fied above with respec	to the security intere	st(s) of Secured Party	authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
	Check wife of these three b		ADD name: Compl	eta item - DELETE name: I	Give record name
This Change affects Deblor or Secured Party of record	CHANG E name and/or item 6a or 6b: ang ann	7a or 7b <u>and</u> ilem 7c	7a or 7b, and item		em 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	tion Change - pr. vide only	one name (5a or 6b)			
6a. ORGANIZATION'S NAME	C				
0.00	Telegat at age		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
OR 6b, INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIO	MADE MAINTANAMA METAL	OZI (IX
MERING			avest full some: do got o	to then you alreaded an wilton. How	the Debtor's name!
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of P [7a, ORGANIZATION'S NAME]	arty Information Unange - provide	only one name (valur 70) (asc exact, to traine, do not t	min, mount, at assessment any parcon	Tale Doblet 4 Hamaj
, a. y., y., a.					
OR 76. INDIVIDUAL'S SURNAME			(%)		
			4/		
INDIVIDUAL'S FIRST PERSONAL NAME			· \(\mathcal{O} \)		
				\bigcirc	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				U/Sc.	
	CITY		STATE	POSTAL CODE	COUNTRY
7c. MAILING ADDRESS	7711			, C	
	1-1-00 -4-1-1-1	DELETE collaters	OL DESTATE	covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE CONTROL	al Macolvic	COVERED CONSISTENCE	1001011 1000000
2019 CARRIER 58STA090114 90000 BTU					
2515 5711 (112)					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT:	Provide only <u>one</u> name	e (9a or 9b) (name of A	ssignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here an	d provide name of authoriz	ing Deblor			
98. ORGANIZATION'S NAME MICTOF					
OR CALINGS HIPMAME	FIRST PERSO	NAI NAME	TADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
9b, INDIVIDUAL'S SURNAME	[INO] FEROL	1 W 160 1 "/ 11976.	1		
The state of the s	Daulino				0000 0000
10. OPTIONAL FILER REFERENCE DATA: Debtor: Mering,	rauline				2290 68890

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	TADDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as ilem 1a on A 1911245072 04/22/2019	mendment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 of 12a. ORGANIZATION'S NAME	on Amendment form			
Microf				
OR 12b, INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAM				
ADDITIONAL NAME(S)/INITI (L(S)	SUFFIX	THE ABOVE S	PACE IS FOR FILING OFFICE	USE ONLY
13. Name of DEBTOR on related financing \$to.ement (Name of a current Deb one Debtor name (13a or 13b) (use exact, full name of a not omit, modify, or abor	itor of record required for indexis	ng purposes only in so	me filing offices - see Instruction item	
one Debtor name (13a or 13b) (use exact, full name: "I not dmit, modify, or abort 13a. ORGANIZATION'S NAME	eviale any part of the Sector's t	iaine), and manuomore	, i i i i i i i i i i i i i i i i i i i	
OR 13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Mering 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Pauline			
15. This FINANCING STATEMENT AMENDMENT:	Pauline 17. Rescription		Condo 01 Subdivision	Wheeling
	Twnshp County	o, Census Trad	ct 802404, Block 4002,	i, vvneeiing Cook
18. MISCELLANEOUS:				