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Doc# 2219242028 Fee \$93.00

UCC FINANCING STATEMENT AMENDMENT RHSP FEE:\$9.00 RPRF FEE: \$1.00 **FOLLOW INSTRUCTIONS** KAREN A. YARBROUGH A. NAME & PHONE OF CONTACT AT FILER (optional) COOK COUNTY CLERK 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) DATE: 07/11/2022 01:47 PM PG: 1 OF 2 SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2350 17569 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT of a N IMBER (or recorded) in the REAL ESTATE RECORDS 172745095 07/26/2017 Filer, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION; Effectiveness of the Financ of Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assign ee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and clso incluate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statemen iden, fied above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of mese three boxes to: Check one of these two boxes: CHAN'st mame and/or address: Complete item 6a (r 6b; and item 7a or 7b and item 7c ADD name; Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party information Change - pri vide of ly one name (6a or 6b) 6a. ORGANIZATION'S NAME OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONA N' M. 6b. INDIVIDUAL'S SURNAME **ANGELA** WASHINGTON 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one norm; (no or 7b) (wee exact, full name; do not orms, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SHEEK 7c MAILING ADDRESS STATE OST AL / COUNTRY CITY ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral: 2017 BRYANT 113ANA030BN0 2.5 2017 BRYANT CAPVU3017ALA 2.5 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 MICTOF ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor: Washington, Angela

2350 17569

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11. INITIAL FINANCING STATEMENT FILE NUMBER: Seme as item 1a on a 172745095 07/26/2017	Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form		
12a. ORGANIZATION'S NAME Microf			
DR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITAL(2)	SUFFIX		
700		ABOVE SPACE IS FOR FILING OFFICE L	
 Name of DEBTOR on related financing "late" lent (Name of a current Del one Debtor name (13a or 13b) (use exact, full notine do not omit, modify, or abbit 			13); Provide only
13a. ORGANIZATION'S NAME			.
OR 13b, INDIVIDUAL'S SURNAME WASHINGTON	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
	Couply		
	ANGELA	Control Office	