UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3.	31-3282 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	87492098
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	

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Doc# 2219412101 Fee \$93.00

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	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		KAREN A. YARBROU	GH	
c.	CEND ACCURATE EDOMENT TO (All	BCM (100%)	COOK COUNTY CLER	K	
r		- BCM (UCC's)		03:23 PM PG: 1 OF 3	
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_ 	File with: Cook, IL		THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
	NITIAL FINANCING STATEMEN' FIL ENUMBER 03918058 2/8/2017 CC IL Cock		(or recorded) in the REA	MENT AMENDMENT is to be filed LESTATE RECORDS Jondum (Form UCC3Ad) and provide De	•
. [2	TERMINATION: Effectiveness of the Fix and no Statement identifier Statement	d above is terminated with			
. [ASSIGNMENT (full or partial): Provide name of A sugnee in item 7/2 For partial assignment, complete items 7 and 9 and als an dicate a		signee in item 7c and name of A	ssignor in item 9	
. [CONTINUATION: Effectiveness of the Financing Statemer., identificantinued for the additional period provided by applicable law	and above with respect to the	ne security interest(s) of Secured	Party authorizing this Continuation	n Statement is
	PARTY INFORMATION CHANGE:				
	-	heuk <u>one</u> of these three box	es to:		
	his Change affects Debtor or Secured Party of record	ChANGE name and/or ad item 6a or op; and item 7a	ddress: Complete ADD name a or 7b and item 7c 7a or 7b.		ne: Give record name in item 6a or 6b
_	JRRENT RECORD INFORMATION: Complete for Party Information				
	6a. ORGANIZATION'S NAME			, , , , , , , , , , , , , , , , , , ,	
	CLPF - KSA GROCERY PORTFOLIO EVANSTO	ON WF, LLC			
R	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L'AVE	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
			1/2		
. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	ormation Change - provide only o	ne name (72 = 7b) (use exact, full name;	do not omit, modify, or abbreviate any part o	f the Debtor's name)
	7a. ORGANIZATION'S NAME		()		
R	7b. INDIVIQUAL'S SURNAME				
,	. C. HIS PRODE CONTINUE				
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	INDIVIDUAL'S FIRST PERSONAL NAME				
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	INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)			S O ₂	SUFFIX
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'c. l		СПУ		STATE POSTAL FOD ?	SUFFIX
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/c. 1	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) MAILING ADDRESS		DELETE collateral	CO	COUNTRY
'c. 1	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral F	CO	COUNTRY
7c. N	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral F	CO	COUNTRY
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. C	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) AAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: AME of SECURED PARTY of RECORD AUTHORIZING This is an Amendment authorized by a DEBTOR, check here	ADD collateral	vide only <u>one</u> name (9a or 9b) (n	EESTATE covered collateral	COUNTRY ASSIGN collateral S P
. C	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING Totals is an Amendment authorized by a DEBTOR, check here and and ga. ORGANIZATION'S NAME	ADD collateral HIS AMENDMENT: Pro provide name of authorizing	vide only <u>one</u> name (9a or 9b) (n	EESTATE covered collateral	COUNTRY ASSIGN collateral S P
), N. (f:	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) AAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING Tour this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME AXA EQUITABLE LIFE INSURANCE COMPANY	ADD collateral	vide only <u>one</u> name (9a or 9b) (n g Debtor	EESTATE covered collateral	COUNTRY ASSIGN collateral S M ment)
. C	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: AME OF SECURED PARTY OF RECORD AUTHORIZING Totals is an Amendment authorized by a DEBTOR, check here and and ga. ORGANIZATION'S NAME	ADD collateral HIS AMENDMENT: Pro provide name of authorizing	vide only <u>one</u> name (9a or 9b) (n g Debtor	EESTATE covered collateral	COUNTRY ASSIGN collateral S P

87492098 160001053

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

UNOFFICIAL COPY

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend			
1703918058 2/8/2017 CC II. Cook	dment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An	mendment form		
12a. ORGANIZATION'S NAME AXA EQUITABLE LIFE INSURANCE COMPANY			
DR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYINITIAL(*))		E ABOVE SPACE IS FOR FILING OFFICE US	
 Name of DEBTOR on related financing st. to part (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, tull lame, do not omit, modify, or ab 	f record required for indexing purposes	s only in some filing offices - see Instruction item	n 13): Provide only
13a. ORGANIZATION'S NAME		e), see instructions it name does not lit	<u></u>
CLPF - KSA GROCERY PORTFOLIO EVANSTON WF,	·	·	
130, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
XA EQUITABLE LIFE INSURANCE COMPANY - 1290 AVENUE C	OF THE AMERICAS , NEW YO	DK NV 10101	
	OF THE AMERICAS , NEW YO	CATO OFFICE	

18. MISCELLANEOUS: 87492098-IL-31 8839 - BCM (UCC's)

AXA EQUITABLE LIFE INSURANCE

File with: Cook, IL

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EXHIBIT A

TO UCC FINANCING STATEMENT BETWEEN
CLPF - KSA GROCERY PORTFOLIO EVANSTON WF, LLC, AS DEBTOR -

AND

AXA EQUITABLE LIFE INSURANCE COMPANY, AS SECURED PARTY

Legal Description

Real property in the City of Evanston, County of Cook, State of Illinois, described as follows:

PARCEL 1:

LOT 1 OF LEVY'S PLAT OF CONSOLIDATION OF LOTS 12 TO 15 IN BLOCK 77 IN NORTHWESTERN UNIVERSITY SUBDIVISION OF THE NORTH 1/2 OF THE NORTH 1/2 (EAST OF CHICAGO AVENUE) OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE 15 1/2 ACRES IN THE NORTH EAST CORNER OF SAID TRACT), IN COOK COUNTY, ILLINOIS.

PARCEL 2:

PLAT OF CONSOLIDATION OF LOTS 16, 17, 18, 12, 20 AND PART OF LOT 21 IN BLOCK 77 IN NORTHWESTERN UNIVERSITY IN THE NORTH 1/2 OF THE NORTH 1/2 OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 14 EAST CF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF CHICAGO AVENUE (EXCEPT 13 1/2 ACRES IN THE NORTHEAST CORNER THEREOF) IN COOK COUNTY, ILLINOIS.

Office

Exhibit A

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