UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

· · · · · · · · · · · · · · · · · · ·	
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	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	90303851
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	

Toc# 2234710122 Fee \$93.⊍	Tion #	2234710122	Fee	\$ 93.1	UE
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/13/2022 03:01 PM PG: 1 OF 3

	FIXTURE		
File with: Cook, IL	_{TH}	E ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 1811525094 4/25/2018 CC IL Colik	(or reco	JANCING STATEMENT AMENDMENT is to be fi orded) in the REAL ESTATE RECORDS ach Amendment Addendum (Form UCC3Ad) <u>and</u> provid	-
 TERMINATION: Effectiveness of the Fin incir g Statement in Statement 	entified above is terminated with respect to the s	security interest(s) of Secured Party authorizing t	his Termination
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also incomplete.	· —	c <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	dentified above with respect to the security interw	rest(s) of Secured Party authorizing this Continua	ation Statement is
Description of these two boxes: This Change affects Debtor or Secured Party of record	AND Checnr_of these three boxes to: CHANG'_r ame and/or address: Completitem 6a c.r_o, and item 7a or 7b and item	te ADD name: Complete item DELETE 7c 7a or 7b, <u>and</u> item 7c to be dele	name: Give record name sted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME 11 EAST ADAMS L.L.C.	nation Change - provide faly on e name (6a or 6b))	
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSONAL N/MF	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F	Party Information Change - provide only one name (7a c 7u)	(use exact, full name; do not omit, modify, or abbreviate any p	ert of the Debtor's name)
7a. ORGANIZATION'S NAME		C	
OR 75. INDIVIDUAL'S SURNAME		14,	
INDIVIDUAL'S FIRST PERSONAL NAME		,2	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		V/5c.	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL COUL	COUNTRY
COLLATERAL CHANGE: Also check one of these four to indicate collateral;	ooxes: ADD collateral DELETE co	#ateral RESTATE covered collateral	ASSIGN collateral
			P

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)

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: 11 EAST ADAMS L.L.C.

941060534

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

OR

90303851

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS	(DD2)(DO)		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on America	tment form		
1811525094 4/25/2018 CC IL Cook			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An 12a. ORGANIZATION'S NAME	nendment form		
VOYA RETIREMENT INSURANCE AND ANNUITY CO	MPANY		
OR 12b, INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SVINITIAL(S	SUFFIX		
Soul our would had noted	331112	THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
13. Name of DEBTOR on related financing sta emant/Name of a current Debtor of	record required for indexing p		
one Debtor name (13a or 13b) (use exact, full rame do not omit, modify, or about			,
13a. ORGANIZATION'S NAME			
11 EAST ADAMS L.L.C.	T		T: ==
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
Debtor Name and Address:			
11 EAST ADAMS L.L.C 55 EAST JACKSON, SUITE 500, CHICA	なり, IL 60604		
Secured Party Name and Address:			
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY - 57	80 PCWERS FERRY RO	DAD NW , ATLANTA, GA 30327	
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		DAD NW, ATLANTA, GA 30327	
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15. This FINANCING STATEMENT AMENDMENT: ☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed a	· ·	on of real estate:	
16. Name and address of a RECORD OWNER of real estate described in item 17	propert	y address: 11, E ADAMS ST.	,
(if Debtor does not have a record interest):		GO, IL, 60603	
	IAX PA	ARCEL # 1715104001000	
	Parcel		
	171510)4001000	
	1		
	<u> </u>		
18. MISCELLANEOUS; 90303851-IL-31 8839 - BCM (UCC's) VOYA I	RETIREMENT INSURANCE AND IF	File with: Cook, IL 941060534 L	

2234710122 Page: 3 of 3

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EXHIBIT A LEGAL DESCRIPTION

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

LOT 2 AND THE NORTH 20 FLET OF LOT 3 (EXCEPT THAT PART TAKEN FOR STATE STREET) IN BLOCK 6 IN THE WEST 1/2 OF THE NORTHWEST 1/4 OF FRACTIONAL SECTION 15 ADDITION TO CHICAGO IN TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Acdress: H East Adams, Chicago, Illinois

Permanent Index No. 17-15-104-001-0000