

Doc#. 2308210043 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 03/23/2023 10:27 AM Pg: 1 of 3

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional)	Tux: 010 002 1111	- -		
uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 30356	- Sabal Capital			
Lien Solutions 92 P.O. Box 29071	2007175			
Glendale, CA 91209-9071	I			
·				
File with: Cook, IL	XTURE	THE ABOVE SPA	CE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT E'LF. "UMBER 1817934059 6/20/2018 CC /'L CJok	1	b. This FINANCING STATE	MENT AMENDMENT is to be filed . ESTATE RECORDS endum (Form UCC3Ad) <u>and</u> provide Del	for record]
2. TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated with r			
3. ASSIGNMENT (full or partial): Provide name or Assignee in item 7a For partial assignment, complete items 7 and 9 and a so in directe af		ignee in item 7c <u>and</u> name of A	ssignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider in a continued for the additional period provided by applicable law	a above with respect to th	e security interest(s) of Secured	Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	0_			
Check <u>one</u> of these two boxes: AND Ch	eck <u>(ne</u> c thrise three boxe		A 1. " BELETE	0:
This Change affects Debtor or Secured Party of record	CHANCizine and/or ad item 6a o 6b; <u>and item</u> 7a	or 7b <u>and</u> item 7c		e: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C	hange - providconly <u>cne</u> r	name (6a or 6b)		
68. ORGANIZATION'S NAME SSDF4 638 N AVERS LLC	0			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	W.ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	mation Change - provide only on	e name iva or 7b) (us act full name:	do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME		C	7	
OR 75. INDIVIDUAL'S SURNAME		<u> </u>	<i>*</i>	
		4		
INDIVIDUAL'S FIRST PERSONAL NAME			<u>0</u>	
INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S)			(_)	
more distribute to me (d) min recept				SUFFIX
7c. MAILING ADDRESS	ату		STATE POSTAL CODI	SUFFIX
	OTY ☐ ADD collateral	DELETE collateral	STATE POSTAL ODI	
7c. MAILING ADDRESS		DELETE collateral		COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral		COUNTRY
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7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	ADD collateral	ide only <u>one</u> name (9a or 9b) (n:	EESTATE covered collateral	COUNTRY ASSIGN collateral
7c. MAILING ADDRESS 8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here ☐ and ;	ADD collateral	ide only <u>one</u> name (9a or 9b) (n:	EESTATE covered collateral	COUNTRY ASSIGN collateral
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7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIs this is an Amendment authorized by a DEBTOR, check here and page or	ADD collateral HIS AMENDMENT: Provide name of authorizing	iide only <u>one</u> name (9a or 9b) (n Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral

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11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amen 1817934059 6/20/2018 CC IL Cook			
	dment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	mendment form		
128. ORGANIZATION'S NAME SABAL TL1, LLC			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SVINITIAL(S)	SUFFIX		
ADDITIONAL HAMLOSINI INCLUSION		THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
 Name of DEBTOR on related financing statement, Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name) do not omit, modify, or a 			n 13): Provide only
13a. ORGANIZATION'S NAME SSDF4 638 N AVERS LLC	·		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Debtor Name and Address: SSDF4 638 N AVERS LLC - 1414 E 62ND PLACE , CHICAGO, IL Gecured Party Name and Address: SABAL TL1, LLC - 465 N. HALSTEAD AVE , PASADENA, CA 9110	'		
		SOM CO	

2308210043 Page: 3 of 3

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D 48 IN BLOCK 7 IN HARDING IT 1/4 OF SECTION 11, TOWNSHIP 35
MERIDIAN, IN COOK COUNTY, ILLINOIS

COOK COUNT .

RECORDER OF DEEL

COOK COUNTY
RECORDER OF DEEDS LOTS 47 AND 48 IN BLOCK 7 IN HARDINGS SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.