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Doc#. 2311719065 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 04/27/2023 10:18 AM Pg: 1 of 2

UCC FINANCING STATEMENT AMENDMENT

FOI	LLOW INSTRUCTIONS					
Α.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		'}			
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		Ì			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
	2541 94649 CSC					
	801 Adlai Stevenson Drive					
	Springfield, IL 62703 Filed	In: Illinois				
		(Cook)				
L 12	INITIAL FINANCING STATEMENT FILE NUMBER			CE IS FOR FILING OFFICE USE (MENT AMENDMENT is to be filed [for		
	125004007 09/07/2021		(or recorded) in the REAL			
2.	TERMINATION: Effectiveness of the Fine icin: Statement identified above Statement	; is terminated v	with respect to the security interes	t(s) of Secured Party authorizing this	Termination	
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and a so indirected complete items 7 and 9 and a so indirected complete items 7 and 9 and a so indirected complete items 7 and 9 and a so indirected complete items 7 and 9 and a so indirected complete.			f Assignor in item 9		
4. [CONTINUATION: Effectiveness of the Financing Statement Juent, ed abordinued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	on Statement is	
5.	PARTY INFORMATION CHANGE:					
C	Check one of these two boxes: AND Check one CHAN' CHAN'			e: Complete itemDELETE name:	Give record name	
	his Change affects Debtor or Secured Party of record item 6a	c r 6b; and "em "	7a or 7b <u>and</u> item 7c7a or 7b,	and item 7c to be deleted in it	tem 6a or 6b	
6. (CURRENT RECORD INFORMATION: Complete for Party Information Chang 6a, ORGANIZATION'S NAME	e - provide only	one name (6a or 6b)			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	(A) P AM E	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	LEWIS	INGRID		ADDITIONAL NAME(O) INTIAL(O)	JOST IX	
7. (I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatio	on Change - provide	only one name (7a or 7 ²) jus. exact, full na	I me; do not omit, modify, or abbreviate any parl of	the Debtor's name)	
	7a. ORGANIZATION'S NAME			.,	<u> </u>	
OR						
•	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL OF INCT / ENGOVAL NAME			0.		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
7c.	MAILING ADDRESS	CITY		STATE POSTAL COLE	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral R	ESTATE covered collateral A	SSIGN collateral	
_	Indicate collateral:					
20	21 CARRIER 24ABB348ABN3 3 TONS					
20	21 CARRIER CNPVU4821ALA 4 TONS					
20	21 CARRILLY CITY VOTOZIALA 4 TONS					
	NAME OF SECURED BARTY OF BECORD AUTHORIZING THIS AS	ENDMENT, 6			-43	
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN f this is an Amendment authorized by a DEBTOR, check here \int and provide no	TENDMENT: F ame of authorizi		ame of Assignor, if this is an Assignme	nt)	
	9a. ORGANIZATION'S NAME MICROF					
ΩĐ						
OR	9ь. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
_						
40	OPTIONAL FILER REFERENCE DATA: Debtor: LEWIS, INGRID	1			2541 94649	

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS						
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 2125004007 09/07/2021						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9						
12a. ORGANIZATION'S NAME Microf						
OR 12b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL N un'E						
ADDITIONAL NAME(SYINIT ALC)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY			
13. Name of DEBTOR on related financing State, ment (Name of a current Det one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbr			13): Provide only			
13a. ORGANIZATION'S NAME						
OR 13b, INDIVIDUAL'S SURNAME LEWIS	FIRST PERSONAL NAME INGRID	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):		•				
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	4/2					
of County Clart's Or						
7						
		0,				
		O _{FF}				
		· Co				
		CV				
15. This FINANCING STATEMENT AMENDMENT:	17. Descripti	97, CEDAR CREEK SUBDIVISION, CE	NSUS			
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	TRACT	- I, BLOCK 3050, Twnshp-Rng-Sec:35N				
4337 THORNWOOD AVE MATTESON, IL 60443-1269	RICH	· -				
	APN:	SHIP, MATTESON, COOK COUNTY,	ILLINOIS			
	31-15-2	200-005-0000				
18. MISCELLANEOUS: RTO-000173395						