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Karen A. Yarbrough Cook County Clerk

Date: 05/24/2023 01:55 PM Pg: 1 of 2

## UCC FINANCING STATEMENT AMENDMENT

| FOI  | LOW INSTRUCTIONS  |                                   |  |   |                    |  |  |
|------|---|-----------------------------------|--|---|--------------------|--|--|
| A.   | NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294  |                                   | 7  |   |                    |  |  |
|      | E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com  |                                   | _  |   |                    |  |  |
| C.   | SEND ACKNOWLEDGMENT TO: (Name and Address)  |                                   | 1  |   |                    |  |  |
|      | 2562 33530<br>CSC   | 一                                 |  |   |                    |  |  |
|      | 801 Adlai Stevenson Drive   |                                   |  |   |                    |  |  |
|      | Springfield, IL 62703 Filed   | In: Illinois                      |  |   |                    |  |  |
|      |   | (Cook)                            |  |   |                    |  |  |
| با   |   |                                   |  | CE IS FOR FILING OFFICE USE   |                    |  |  |
|      | INITIAL FINANCING STATEMENT FULL NUMBER 016117127 06/10/2019  |                                   | (or recorded) in the REAL  | MENT AMENDMENT is to be filed [for<br>ESTATE RECORDS<br>lendum (Form UCC3Ad) <u>and</u> provide Debto |                    |  |  |
| 2. [ | TERMINATION: Effectiveness of the Finalicing Statement identified above Statement   | e is terminated v                 | with respect to the security interes                             | st(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 |                                   |  | f Assignor in item 9  |                    |  |  |
| 4. [ | CONTINUATION: Effectiveness of the Financing Statement Juntalied about continued for the additional period provided by applicable law   | ove with respect                  | t to the security interest(s) of Secu                            | ured Party authorizing this Continuation  | on Statement is    |  |  |
| 5.   | PARTY INFORMATION CHANGE:   |                                   |  |   |                    |  |  |
| C    | heck one of these two boxes:  AND Check one CHAN  |                                   |  | ne: Complete itemDELETE name:   | Give record name   |  |  |
|      | his Change affects Debtor or Secured Party of record item 6a  | c r 6b; and "tem"                 | 7a or 7b <u>and</u> item 7c 7a or 7b,                            | and item 7c to be deleted in it   | tem 6a or 6b       |  |  |
| 6. ( | CURRENT RECORD INFORMATION: Complete for Party Information Chang<br>6a. ORGANIZATION'S NAME   | e - provide only                  | one name (6a or 6b)  |   |                    |  |  |
|      |   |                                   | /,   |   |                    |  |  |
| OR   | 6b. INDIVIDUAL'S SURNAME  | FIRST PERSON                      | · / / //   | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX             |  |  |
|      | KEATON  | BARBAR                            | A  |   |                    |  |  |
| 7. ( | CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information  | on Change - provide               | only <u>one</u> name (7a or 7 <sup>t</sup> ) just exact, full na | me; do not omit, modify, or abbreviate any parl of  | the Debtor's name) |  |  |
|      | 7a. ORGANIZATION'S NAME   |                                   |  |   |                    |  |  |
| OR   | 7b, INDIVIDUAL'S SURNAME  |                                   | <u> </u>   |   |                    |  |  |
|      |   |                                   | 4  |   |                    |  |  |
|      | INDIVIDUAL'S FIRST PERSONAL NAME  |                                   |  |   |                    |  |  |
|      |   |                                   |  |   |                    |  |  |
|      | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |                                   |  |   |                    |  |  |
| 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   |  |  |
| U. L | Indicate collateral:  | Collateral                        |  | ESTATE COVERED CONDICEION   | COOLON COMBIENA    |  |  |
| 20   | 20 CARRIER COMFORT 24ACC436A003 3 TON   |                                   |  |   |                    |  |  |
|      | 00 04 DDIED OUDWILLOOM A 0 5 TON  |                                   |  |   |                    |  |  |
| 20   | 20 CARRIER CNPVU4221ALA 3.5 TON   |                                   |  |   |                    |  |  |
|      |   |                                   |  |   |                    |  |  |
|      |   |                                   |  |   |                    |  |  |
|      |   |                                   |  |   |                    |  |  |
|      | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM I this is an Amendment authorized by a DEBTOR, check here  and provide n  | MENDMENT: F<br>ame of authorizing |  | name of Assignor, if this is an Assignme  | nt)                |  |  |
|      | 9a. ORGANIZATION'S NAME MICROF  |                                   | a _ 55651  |   |                    |  |  |
|      |   |                                   |  |   |                    |  |  |
| OR   | 9b. INDIVIDUAL'S SURNAME  | FIRST PERSON                      | NAL NAME   | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX             |  |  |
|      |   |                                   |  |   |                    |  |  |
| 10.  | OPTIONAL FILER REFERENCE DATA:  |                                   |  |   | 2562 33530         |  |  |

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## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

| FOLLOW INSTRUCTIONS  |                                  | •   |                               |         |  |  |  |  |  |  |
|--|----------------------------------|---|-------------------------------|---------|--|--|--|--|--|--|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Al 1916117127 06/10/2019 | 1                                |   |                               |         |  |  |  |  |  |  |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 o                           | 1                                |   |                               |         |  |  |  |  |  |  |
| 12a. ORGANIZATION'S NAME   |                                  | 1   |                               |         |  |  |  |  |  |  |
| Microf   |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
| OR   | 1                                |   |                               |         |  |  |  |  |  |  |
| 12b. INDIVIDUAL'S SURNAME  |                                  |   |                               |         |  |  |  |  |  |  |
| FIRST PERSONAL M 1/4 F   | FIRST SERGOVAL ALL IS            |   |                               |         |  |  |  |  |  |  |
| THO FEROOME PAR.   |                                  |   |                               |         |  |  |  |  |  |  |
| ADDITIONAL NAME(S)INIT. AL(',)   | SUFFIX                           | 1   |                               |         |  |  |  |  |  |  |
| 70   |                                  | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |                               | SE ONLY |  |  |  |  |  |  |
| 13. Name of DEBTOR on related financing statement (Name of a current Debt                | tor of record required for index |   |                               |         |  |  |  |  |  |  |
| one Debtor name (13a or 13b) (use exact, full nam ,; d ) not omit, modify, or abbre      |                                  |   |                               | -,      |  |  |  |  |  |  |
| 13a. ORGANIZATION'S NAME   |                                  |   |                               |         |  |  |  |  |  |  |
| O <sub>F</sub>   |                                  |   |                               |         |  |  |  |  |  |  |
| 13b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME              |   | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |  |  |  |  |  |  |
| KEATON   | BARBARA                          |   |                               |         |  |  |  |  |  |  |
| 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):  |                                  |   |                               |         |  |  |  |  |  |  |
|  | 4                                |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  | 0,                               |   |                               |         |  |  |  |  |  |  |
|  | 45.                              |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
| Of County Clart's Or   |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
| T'   |                                  |   |                               |         |  |  |  |  |  |  |
| ' <b>\( \sigma \)</b>  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   | V/Sc.                         |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   | C                             |         |  |  |  |  |  |  |
|  |                                  |   | CV                            |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
| 15. This FINANCING STATEMENT AMENDMENT:  | 17. Descript                     | ion of real estate:<br>30. CHAPMAN            | S 06 ADD/TULIP TERRA          | ACE.    |  |  |  |  |  |  |
| covers timber to be cut covers as-extracted collateral find item 17                      | s a fixture filing SITUA         | TE IN THORN                                   | TON TOWNSHIP, IN TO           | WNSHIP  |  |  |  |  |  |  |
| (if Debtor does not have a record interest):   |                                  |   | ECTION 22, IN THE THIF        |         |  |  |  |  |  |  |
| 16810 SCHOOL ST  |                                  |   | N, RECORDED IN COO            |         |  |  |  |  |  |  |
| SOUTH HOLLAND ILLINOIS<br>60473  | 29-22-4                          | 408-024-0000                                  |                               |         |  |  |  |  |  |  |
| 00473  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
|  |                                  |   |                               |         |  |  |  |  |  |  |
| 18. MISCELLANEOUS:   | <u> </u>                         |   |                               |         |  |  |  |  |  |  |
| RTO-000128946  |                                  |   |                               |         |  |  |  |  |  |  |