## UNOFFICIAL COPY

Doc#. 2322333135 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 08/11/2023 09:53 AM Pg: 1 of 3

### **UCC FINANCING STATEMENT AMENDMENT**

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294  B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2621 89106 CSC	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2621 89106 CSC	
SPRFiling@cscglobal.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2621 89106 CSC	
2621 89106 CSC	
csc	
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801 Adlai Stevenson Drive	
Springfield II 62702	
Springheid, it 02703 (Co	<u>ok)</u>
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
a. INITIAL FINANCING STATEMENT F. F. N. MBER	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendur
	(Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.  with respect to the security interest(s) of Secured Part(y){ies} authorizing this Termination Statemen
ASSIGNMENT: Provide name of Assignee in item 7a or 75, and address of Assignee in it For partial assignment, complete items 7 and 9; check AS :IGN Counteral box in Item 8 and	
CONTINUATION: Effectiveness of the Financing Statement identified a hove with respect additional period provided by applicable law	ct to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for
. PARTY INFORMATION CHANGE:	
Check one of these two boxes:  AND Check one of these two	
This Change affects Debtor or Secured Party of record CHAN to name item 6a or 6b; ar	and/or address: Complete ADD name: Complete item DELETE name: Give record name: To be deleted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide	
6a. ORGANIZATION'S NAME LUXURY Gatehouse Apartments Holding	gę lì.C
6b. INDIVIDUAL'S SURNAME FIRST P	PERSONAL AMI) ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
CHANGED OR ADDED INFORMATION; Complete for Assignment or Party Information Change - pro	ovide only one name (ra or 7b) (usc success, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	C/
R 75. INDIVIDUAL'S SURNAME	
/ D. INDIVIDUALS SURINAINE	~/ <del>/</del> _/
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIANDOVE OF INCOLUE FRANCE	0.
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	175.
: MAILING ADDRESS CITY	STATE POSTAL COLE COUNTRY
COLLATERAL CHANCE: OLD I TO THE TOTAL CHANCE:	nl DELETE collateral RESTATE covered collateral ASSIGN* collat
COLLATERAL CHANGE: Check only one box: ADD collateral	ATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section.
<u></u>	
Indicate collateral: *Check ASSIGN COLL	NT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)
Indicate collateral:  'Check ASSIGN COLL  'Check ASSIGN COLL  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized to the collaboration of t	NT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)
Indicate collateral: *Check ASSIGN COLL.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN	NT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)
Indicate collateral:  'Check ASSIGN COLL  'Che	NT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) orizing Debtor
Indicate collateral:  'Check ASSIGN COLL  'Check ASSIGN COLL  NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMEN  If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized and provide name of authorized by a DEBTOR.	NT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)

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### UCC FINANCING STATEMENT AMENDMENT ADDENDUM

1 OEEOV INSTRUCTIONS			_		
11. INITIAL FINANCING STATEMENT FILE NUMBER: SE 2201813461 01/18/2022	ame as item 1a on Amendment fo	rm			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form  12a. ORGANIZATION'S NAME  Silver Hill Funding, LLC			1		
Silver Filli Fullding, LEG		1			
OR					
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL N/ =			1		
ADDITIONAL NAME(S)/INITL ((S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE I	LISE ONLY	
13. Name of DEBTOR on related financing stateant (Name of DEBTOR)		•	purposes only in some filing offices - see Instruction item 13): I		
one Debtor name (13a or 13b) (use exact, full name: 40 not or 13a. ORGANIZATION'S NAME Luxury Gate 10use			ie); see instructions if name does not lit		
		_			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
14. ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITE 4.8 (Collateral)	OP OT	HER INFORMATION (Please Describe)		
debtor					
Luxury Gatehouse Apartments Holdings	LLC T				
secure party					
Silver Hill Funding, LLC		0,			
		45.			
C'y					
Luxury Gatehouse Apartments Holdings LLC secure party Silver Hill Funding, LLC					
' 2'					
			10-		
15. This FINANCING STATEMENT AMENDMENT:  Covers timber to be out  Covers as-extracted collated collate		17. Descripti See atta	on of real estate: ached		
16. Name and address of a RECORD OWNER of real estate description					
(If Debtor does not have a record interest):		1 '	-29-406-052-0000		
		propert 843 W	y 123rd Street		
			et Park, IL 60827		
18. MISCELLANEOUS:					

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#### **EXHIBIT A**

Order No.: 21GNW907203SK

For APN/Parcel ID(s): 25-29-406-052-0000

LOTS 3 TO 6, BOTH INCLUSIVE, AND THE EAST 1/2 OF LOT 7 IN BLOCK 2 IN GRAY'S ADDITION TO WEST PULLMAN, BEING A SUBDIVISION OF THE NORTH 15 ACRES OF THE NORTH 26 AND AL DE THE NIGE 14 L.

ODE THE OF COUNTY CLERK'S OFFICE 2/3 ACRES OF THE NORTHEAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.