Doc#. 2325113035 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 09/08/2023 08:26 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 Fa:	x: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional)	010 002 1111	- I		
uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15715 - Ba	ank Financial -			
Lien Solutions 9489	95976			
P.O. Box 29071 Glendale, CA 91209-9071 L L				
FIX I	TURE _	THE ABOVE SPA	ACE IS FOR FILING OFFIC	F LISE ONLY
1a. INITIAL FINANCING STATEMENT E'LE YUMBER 1328015019 10/7/2013 CC 'L Cyck	1	b. This FINANCING STATE	MENT AMENDMENT is to be fi LESTATE RECORDS dendum (Form UCC3Ad) and provide	led [for record]
2. TERMINATION: Effectiveness of the Financing Statement identified about	ve is terminated with r			
ASSIGNMENT (full or partial): Provide name or Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 <u>and</u> a so in directe affected.		ignee in item 7c <u>and</u> name of A	Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider and accontinued for the additional period provided by applicable law	pove with respect to th	e security interest(s) of Secure	d Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
	ne of the se three boxe (ne of the se three boxe) (ne of the se three boxe)		ne: Complete item DELETE :	name: Give record name
This Change affects Debtor or Secured Party of record te	m 6a o 6b; <u>and item 7a</u>	or7banditem7c7a or7b	, <u>and</u> item 7cto be dele	ted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Changes ORGANIZATION'S NAME 	ge - provide only <u>cne</u> i	name (6a or 6b)		
Racine 12, LLC	O_{j}			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NA.JE	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
		1//		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide only on	e name (va or 7b) (un conct, full name	; do not omit. modify, or abbreviate any pa	art of the Debtor's name)
7a. ORGANIZATION'S NAME		C		
OR 7b. INDIVIDUAL'S SURNAME			. A	
ID. INDIVIDUAL O CONTINUE				
INDIVIDUAL'S FIRST PERSONAL NAME			70	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			150	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODI.	COUNTRY
		DELETE collateral	STATE POSTAL CODI. RESTATE covered collateral	
	CITY ADD collateral	DELETE collateral	0	COUNTRY ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	0	
8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	0	
8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	0	
8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	0	
8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral	0	
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral [RESTATE covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	ADD collateral [ide only <u>one</u> name (9a or 9b) (ı	RESTATE covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	ADD collateral [ide only <u>one</u> name (9a or 9b) (ı	RESTATE covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provided in the content of the co	ADD collateral [ide only <u>one</u> name (9a or 9b) (ı	RESTATE covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here and provide or	ADD collateral [iide only <u>one</u> name (9a or 9b) (ı Debtor	RESTATE covered collateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A lifthis is an Amendment authorized by a DEBTOR, check here and provided one of the second provided by a DEBTOR, check here and provided by a DEBTOR.	ADD collateral C AMENDMENT: Provide name of authorizing	iide only <u>one</u> name (9a or 9b) (ı Debtor	RESTATE covered collateral	ASSIGN collateral

UNOFFICIAL COPY

	IITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment fo 8015019 10/7/2013 CC IL Cook	rm			
	IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendme	nt form			
	12a. ORGANIZATION'S NAME				
	BANKFINANCIAL, F.S.B.				
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NA^ E				
	ADDITIONAL NAME(S)/INITIAL(\$)	SUFFIX	THE ABOVE S	PACE IS FOR FILING OFFICE US	E ONLY
13. [lame of DEBTOR on related financing state in a Name of a current Debtor of record one Debtor name (13a or 13b) (use exact, full name) do not omit, modify, or abbreviate	required for indexing pur any part of the Debtor's	poses only in some name); see Instru	e filing offices - see Instruction item actions if name does not fit	13): Provide only
	13a. ORGANIZATION'S NAME Racine 12, LLC				
OR	13b. INDIVIDUAL'S SURNAME	PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ac	ne 12, LLC - 4554 N. Maplewood Ave. Garden, Chicago, IL 60627				
3AN	ured Party Name and Address:	17. Description	of real estate:	IN SUBDIVISION O	O.E.

303/688/1902059259 JA 688/1902059259

BANKFINANCIAL, F.S.B.

18. MISCELLANEOUS; 94895976-IL-31 15715 - Bank Financial - Mai

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Debtor: Racine 12, LLC

Exhibit for Real Estate

17. Description of real estate: Continued

al ID.
2-221-6.

OF COOP COUNTY CLOTH'S OFFICE Farcel ID: 14 32-221-048-0000 and 14-32-221-049-0000