Doc# 2336145033 Fee \$88.00

RHSP FEE:\$18.00 RPRF FEE: \$1.00

PUSTAL CODE

90245

STATE

CA

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

RESTATE covered collateral

UCC FINANCING STATEMENT'AMENDMENT

FOLLOW INSTRUCTIONS

7c. MAILING ADDRESS 2121 ROSECRANS AVENUE

Check only one box:

COLLATERAL CHANGE:

Indicate collateral:

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	KAREN A. YARBROUGH
Jennifer Zak (800) 346-9152	
B. E-MAIL CONTACT AT SUBMITTER (optional)	COOK COUNTY CLERK
B. E-IVIAL CONTACT AT SUBMITTER (Optional)	DATE: 12/27/2023 11:31 AM PG: 1 OF 2
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Nationwide Title Clearing, LLC	
2100 Alt 19 North	
Palm Harbor, FL 34663 2000028976~002 PHLRC IL Cook PIN#: 20-20-419-913-0000	
The second secon	
<u> </u>	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum
Instr#: 2234113260 Daie: 12/07/2022	(Form UCC3Ad) and provide Debtor's name in item 13.
2. TERMINATION: Effectiveness of the Linar ding Statement identified above is terminated with re-	spect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement
3. ASSIGNMENT: Provide name of Assignee in it — e or 7b, and address of Assignee in item 7c For partial assignment, complete items 7 and 9, check ASSIGN Collateral box in Item 8 and descri	and name of Assignor in item 9 be the affected collateral in item 8
4. CONTINUATION: Effectiveness of the Financing Stateme is identified above with respect to the additional period provided by applicable law	seconty interest(s) or Secured Party authorizing this Continuation Statement is continued for the
5. PARTY INFORMATION CHANGE:	
AND We of these three h	oxes to:
Check one of these two boxes:	address: Complete ADD name: Complete item DELETE name: Give record name
This Change affects Debtor or Secured Party of record litem be or 6b, and item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provise only g	
6a. ORGANIZATION'S NAME	22 / 10110 (1010 1010)
PURE COMPLIANCE, LLC	
OR 6b. INDIVIDUAL'S SURNAME FIRST PERS	NAL MAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	*/) _x
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide on	ly one name F a ~ 7b) (use exact, full name; do not ormit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	
ATHENE ANNUITY AND LIFE COMPANY	C'/
OR 75. INDIVIDUAL'S SURNAME	0.
	~~.
INDIVIDUAL'S FIRST PERSONAL NAME	
	0,
INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)	SUFFIX

a. ORGANIZATION'S NAME	nere and provide name of authorizing Debtor		
IL LENDING, LLC			3
,	LEIDET DEDEONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	Terricei D
INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL MAINE(3)/INTTIAL(3)	SUFFIE

EL SEGUNDO

ADD collateral

DELETE collateral

COUNTRY

USA

ASSIGN* collateral

2336145033 Page: 2 of 2

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1: Instr#: 2234113260 Date: 12/07/2022	a on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as ite	om O an Amandment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as the	on a menument total		
IL LENDING, LLC			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S), NITIAL(S)	SUFFIX		IOT ONLY
		THE ABOVE SPACE IS FOR FILING OFFICE L	
13. Name of DEBTOR on relater tin; noting statement (Name of a curren one Debtor name (13a or 13b) (use second, full name, do not omit, modify, or	 It Debtor of record required for indexing p abbreviate any part of the Debtor's name 	ourposes only in some tiling offices - see Instruction item 13): P e); see Instructions if name does not fit	rovide only
13a. ORGANIZATION'S NAME			
PURE COMPLIANCE, LLC			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM	M 8 (Collateral) OR OTH	HER INFORMATION (Please Describe)	
	M 8 (Collateral) OR OTH	C/o/t/s	
15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral 16. Name and address of a RECORD OWNER of real estate described in item 1 (if Debtor does not have a record interest):	is filed as a fixture filing OF THE L SUBDIVIS OF SECT OF THE T	on of real estate: N POWELL AND MASON'S RESUBDIVISION OTS AND VACATED ALLEY, IN BLOCK 9, IN BION OF THE WEST 1/2 OF THE SOUTH EA TION 20, TOWNSHIP 38 NORTH, RANGE 14 THIRD PRINCIPAL MERIIDAN, IN COOK COU	N LEE'S ST 1/4 EAST
Real Property Address: 6917 SOUTH CARPENTER STRE CHICAGO, iL 60621	l l		