### UNOFFICIAL COPY

Doc#. 2402222060 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 01/22/2024 10:36 AM Pg: 1 of 3

2739 69947

#### **UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		•			
B. E-MAIL CONTACT AT SUBMITTER (optional)		_ 			
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2739 69947 CSC					
801 Adlai Stevenson Drive	Filed In: Illinois				
Springfield, IL 62703	(Cook)				
SEE BELOW FOR JECURED PARTY CONTACT INF	ORMATION	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
1a. INITIAL FINANCING STATEMENT F. F. N. MBER 1912608145 05/06/2019		1b. This FINANCING STAT (or recorded) in the RE. (Form UCC3Ad) and pr	WE COIVIE IVE	OONDO. HIEL <u>allacii</u> Allieli	ord] dment Addendum
2. TERMINATION: Effectiveness of the Financing Streement identified a	above is terminated with res	pect to the security interest(s) of	Secured Part()	y)(ies) authorizing this Termin	nation Statement
ASSIGNMENT: Provide name of Assignee in Item 7a or 75, and add For partial assignment, complete Items 7 and 9; check AS JGN Co"ater			3		
CONTINUATION: Effectiveness of the Financing Statement identifies additional period provided by applicable law	d a love with respect to the	security interest(s) of Secured P	arty authorizing	this Continuation Statemen	t is continued for the
	<del>1</del> 0				
5. PARTY INFORMATION CHANGE:  Chast are of these two business.  AND	Check one of these three b	exes to:			
Check one of these two boxes:  This Change affects Debtor or Secured Party of record	CHAN⊆t name and/or item 6a ( / 6b; ar⊴ them	address: CompleteADD	name: Complete 7b, and item 7	ete item DELETE name	: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information			70, <u>and</u> item 7	C Lib be deleted in	internioa or ob
6a. ORGANIZATION'S NAME	-				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL MAN)	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide on	y <u>one</u> name (i.e or 7b) (use cont, full na	me; do not omit, m	odify, or abbreviate any part of the D	Debtor's name)
7a. ORGANIZATION'S NAME					
OR THE WORLD WAS COUNTY					
7b. INDIVIDUAL'S SURNAME			74.		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUALS FIRST PERSONAL NAME			0.		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
				//:	001117
7c. MAILING ADDRESS	CITY		STATE	POSTAL COLE	COUNTRY
				<u>_</u> 0	USA
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	DESTATE A	overed collateral	ASSIGN* collateral
Indicate collateral:	_	only if the assignee's power to amend th	_	_	
indicate conaceral.	CHECK ACCION COLLANDIONE	only in the assignae's power to amend th	e record is initiled i	o certain condicide at and describe the	collaterarili Section o
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT: Pro	vide only one name (9a or 9b) (r	name of Assign	or, if this is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and pr	ovide name of authorizing		<b>-</b>	,····,	
9a. ORGANIZATION'S NAME Citizens Bank, N.A.					
OR ON AND INVOLVENCE OF CONTAINE	T				
ЭЬ. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:					

## **UNOFFICIAL COPY**

#### **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1912608145 05/06/2019			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	n e		
12a. ORGANIZATION'S NAME			
Citizens Bank, N.A.			
OR			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL N', 5			
THOUT ENGINEER WAS			
ADDITIONAL NAME(S)INITL L(S)	SUFFIX		
70	THE	ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
13. Name of DEBTOR on related financing state ment (Name of a current Debtor of record require	ed for indexing purposes only	in some filing offices - see Instruction item 13): P	rovide only
one Debtor name (13a or 13b) (use exact, full name: эо not omit, modify, or abbreviate any part of the	e Debtor's пате); see Instru	ctions if name does not fit	
13a. ORGANIZATION'S NAME HADDAD REALTY LLC			
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSO	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITE. 18, Collateral) OR	OTHER INFOR	RMATION (Please Describe)	
$\tau_{\circ}$			
	),		
	4		
	1//		
	5		
	·C		
	Of Charles	4	
		1,0	
		Office	
		·C	
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real esta HADDAD REAL	tte: TY IIC	
covers timber to be cut covers as-extracted collateral find as a fixture filing 16, Name and address of a RECORD OWNER of real estate described in item 17	-	,	
(if Debtor does not have a record interest):	3601 W, Grand	Avenue	
	Chicago		
	Cook County		
	IL 60651		
	<u></u>		
	# 16-02-308-038-	0000	
	10-02-300-030-	-0000	
18. MISCELLANEOUS:			

# **UNOFFICIAL COPY**

360 LW. Grand Avenue Chicago, Illinois 60651 Cook County

#### EXHIBIT A

### DESCRIPTION OF REAL PROPERTY

LOTS 5 PRU 15, BOTH INCLUSIVE, IN BLOCK I IN TREAT'S SUBDIVISION OF NORTHEAST 1/4 OF THE SOUITHWEST 1/4 OF SECTION 2, TOWNSHIP 39 NOI Coot County Clart's Office RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUR **ILLINOIS**