

Doc#. 2405313136 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 02/22/2024 11:16 AM Pg: 1 of 2

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	1-3282 Fax: 818-662-4141]		
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		<u>.</u>		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	25556 - SOLAR MOSAIC	7		
Lien Solutions P.O. Box 29071	97460256			
Glendale, CA 91209-9071	ILIL			
File with: Cook II	FIXTURE	THE ABOVE OR	ACE IS FOR FILING OFFICE US	SE ONLY
File with: Cook, IL 1a. INITIAL FINANCING STATEMENT FUE AUMBER		1b. This FINANCING STAT	EMENT AMENDMENT is to be filed [f	
2229746049 10/24/2022 CC / Cook		Filer: <u>attach</u> Amendment A	AL ESTATE RECORDS ddendum (Form UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financing Statement i Statement	dentified above is terminated with	respect to the security interesti	s) of Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name or Assignee in For partial assignment, complete items 7 and 9 and a so in	item 7a or 7b, <u>and</u> address of Addrest affected collateral in item 8	ssignee in item 7c <u>and</u> name of	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemen continued for the additional period provided by applicable laterals.		the security interest(s) of Secure	ed Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check ne c these three box	iddress: CompleteADD na	ame: Complete itemDELETE name	: Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Infon	item 6a o 6b; <u>and item</u> mation Change - provide only <u>ene</u>		o, <u>and</u> item 7c to be deleted in	rem ba or ob
6a. ORGANIZATION'S NAME	C			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL WAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Haseen	Sana			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of 7a. ORGANIZATION'S NAME	Party Information Change - provide only	one name (va or 7b) (us seet, full nam	e; do not omit. modify, or abbreviate any part of t	ne Debtor's name)
78. ORGANIZATIONS IVANIE				
OR 75. INDIVIDUAL'S SURNAME			<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME			<u> </u>	
			0.	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			Tis.	SUFFIX
7c. MAILING ADDRESS	ату		STATE POSTAL CODI.	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four	boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9, NAME OF SECURED PARTY OF RECORD AUTHORIJ	ZING THIS AMENDMENT: Pr	ovide only one name (9a or 9b)	(name of Assignor, if this is an Assignm	ent)
If this is an Amendment authorized by a DEBTOR, check here 9a, ORGANIZATION'S NAME	and provide name of authorizi	ng Debtor		
Solar Mosaic LLC				
OR 9b. INDIVIDUAL'S SURNAME	I SISSE SERVICE	AL NIANE	ADDITIONAL NAME(S)/INITIAL(S)	OUTERIN
SE INSTITUTE OF THE GOVERNMENT	FIRST PERSON.	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: H		AL INAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDEND	UM			
FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2229746049 10/24/2022 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME				
Solar Mosaic LLC				
OR - 47% INDIVIDUALO DI GUANAS				
128. INDIVIDUAL'S SURIVAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(\$)	SUFFIX THE ABOVE	SPACE IS FOR FILING OFFICE USE	E ONLY	
13. Name of DEBTOR on related financing state in the Name of a current Debtor of record require one Debtor name (13a or 13b) (use exact, full name) do not omit, modify, or abbreviate any page 13b.	d for indexing purposes only in so art of the Debtor's name); see Inst	me filing offices - see Instruction item tructions if name does not fit	13): Provide only	
13a. ORGANIZATION'S NAME				
OR 13b. INDIVIDUAL'S SURNAME FIRST PERSO Sana	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:	Office .	NIMA /A	
covers timber to be cut covers as-extracted collateral is filled as a fixture filling 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Sana Haseen 7005 North Tripp Avenue Lincolnwood, IL 60712	NE1/4 S34 & E25 State: IL	.30-L37 KENILWORTH AVE E1A0C NW1/4 NE1/4 S34 & E25FT W75 33FT T41N R 13E State: IL County: Cook County		
	Parcel ID: 10-34-210-057-0	000		

Solar Mosaic LLC

File with: Cook, IL

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18. MISCELLANEOUS; 97460256-IL-31 25556 - SOLAR MOSAIC