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## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

Doc#. 2410914129 Fee: \$107.00 KAREN A. YARBROUGH COOK COUNTY CLERK'S OFFICE Date 4/18/2024 10:20 AM Pg: 1 of 2

2810 25992

	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294			
	E-MAIL CONTACT AT SUBMITTER (optional)			
	SPRFiling@cscglobal.com			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	2810 25992	$\neg$		
	CSC 801 Adlai Stevenson Drive Filed In: IIIi	main		
L	Springfield II 62702	ook) I		
	<u> </u>	<u> </u>		
	SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		ABOVE SPACE IS FOR FILING OFFICE U	
	INITIAL FINANCING STATEMENT FUE NUMBER 11610093 04/26/2021	(or recorded	DING STATEMENT AMENDMENT is to be <b>fil</b> ed (for ) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Am BAd) <u>and</u> provide Debtor's name in item 13.	record] endment Addendum
2.	TERMINATION: Effectiveness of the Financir」らったement identified above is terminated	I with respect to the security in	terest(s) of Secured Part(y)(ies) authorizing this Ter	mination Statement
3. [	ASSIGNMENT: Provide name of Assignee in Item 7a or 75, and address of Assignee in For partial assignment, complete Items 7 and 9; check AS ;IGN Co"teral box in Item 8 and			
4. [	CONTINUATION: Effectiveness of the Financing Statement identified a love with respect additional period provided by applicable law	ect to the security interest(s) of	Secured Party authorizing this Continuation Staten	nent is continued for the
5.	PARTY INFORMATION CHANGE:			
	theck one of these two boxes:  AND Check one of these	three boxes to:		
	his Change affects □ Debtor or □ Secured Party of record □ item 6a ( / 6b):	e and/or address: Complete an <u>d</u> ∷em 7a or 7b <u>and</u> item 7c	ADD name: Complete item DELETE na 7a or 7b, and item 7c	me: Give record name d in item 6a or 6b
6. (	CURRENT RECORD INFORMATION: Complete for Party Information Change - provi			
	6a. ORGANIZATION'S NAME	0,		
OR		PERSONAL MAME	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
	Magallanes Jose	9	J	
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - J	provide only one name (7a or 7b) (us	cact, full name; do not omit, modify, or abbreviate any part of t	he Debtor's name)
	7a. ORGANIZATION'S NAME		- '/	
OR	7b. INDIVIDUAL'S SURNAME		10	
	D. INDIVIDUAL S SURINAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX			
7c.	MAILING ADDRESS CITY		STATE POSTAL COLE	COUNTRY
8.	COLLATERAL CHANGE: Check only one box: ADD collater	al DELETE collate	ral RESTATE covered collateral	ASSIGN* collateral
		LATERAL only if the assignee's pow	er to amend the record is limited to certain collateral and describe	me the collateral in Section 8
Αl	fixtures now or hereafter securely and/or permanently attache	ed to the property ide	entified above, excluding personal	
ef	fects and household goods or appliances that are not consider	ed fixtures under ap	plicable law.	
_				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME  ∫ this is an Amendment authorized by a DEBTOR, check here  ☐ and provide name of auth	•	9a or 9b) (name of Assignor, if this is an Assignmen	t)
'	9a. ORGANIZATION'S NAME Cross River Bank and its successors	_	Marlette Servicing LLC	
OR				
٥ĸ	9b. INDIVIDUAL'S SURNAME FIRST	PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S	) SUFFIX
10	OPTIONAL FILER REFERENCE DATA:			

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## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

**FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2111610093 04/26/2021 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL N'... ADDITIONAL NAME(S)/INITI, L(S SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing state ... ant (Name of a current Debtor of record required for indexing purposes only in some filling offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name to not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Magallanes 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITE 4.8 (Collateral) OR OTHER INFORMATION (Please Describe)  $\overline{\mathbf{V}}$ Secured Party: Cross 9River Bank and its successors and assigns c/o Marlette Servicing, LLC, 1523 Concord Pike, Ount Clort's Office Suite 201, Wilmington, DE 19803, United States of America Debtor: Jose J Magallanes and sylvia magallanes 9950 S Exchange Ave Chicago, IL 60817 Cook County 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: 26071540580000 covers as-extracted collateral is filed as a fixture filing covers timber to be cut 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):
Jose J Magallanes and sylvia magallanes 9950 S Exchange Ave 9950 S Exchange Ave Chicago, IL 60817 Chicago, IL 60817 Cook County **Cook County** L20 & N12FT L21 B15 JAMES H BOWENS ADDT TO SOUTH CHICAGO SUBD N1/2 S7 T37N R15E 18. MISCELLANEOUS: