<u>UN</u>OFFICIAL COPY

Doc#. 2414120287 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE Date 5/20/2024 11:40 AM Pg: 1 of 2

UCC FINANCING STATEMENT AMENDMENT

FOL	LOWINSTRUCTIONS	-					
	NAME & PHONE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500						
В. І	E-M:AIL CONTACT AT FILER (optional)						
	uccfiling@elderlifefinancial.com						
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)						
[,	ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 BLUEGPASS COMMONS BLVD. BUILDING 1, SUITE 120 HENDERSONVILLE, TN 37075						
	— IN STOTE		THE ABOVE SPA	CE IS FOR FILING OFFICE USE O	NLY		
	INITIAL FINANCING STATEME' 1 FI E NUMBER DC# 2310349078	1	(or recorded) in the REAL	MENT AMENDMENT is to be filed [for n ESTATE RECORDS (endum (Form UCC3Ad) <u>and</u> provide Debtor			
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated w					
3.	ASSIGNMENT (full or partial): Provide name (i Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and 31s, indicate affected co			of Assignor in Item 9			
4.	CONTINUATION: Effectiveness of the Financing State lient ic entified abordinued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	ured Party authorizing this Continuation	Statement is		
5.	PARTY INFORMATION CHANGE:						
С	hock one of these two boxes:			ie: Complete itemDELETE namc: 6	New respond name		
Т	his Change affects Debtor or Secured Party of record item sa	or 6b: 2nd item 7		and item 7c to be deleted in ite	em 6a or 65		
6. 0	CURRENT RECORD INFORMATION: Complete for Party Information Chang	e provid only g	ne name (6a or 6b)				
	6a. ORGANIZATION'S NAME	0,					
OR	Sb. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
			<u> </u>				
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	n Change - provide o	nly <u>one notice (7a or 7b)</u> (use exact, full na	ime; do not omit, modify, or abbreviate any part of t	he Debtor's name)		
OR			()				
OIX	7b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME	75					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			O _{jC}	SUFFIX		
7c.	MAILING ADDRESS	CITY		STATE POSTAL SODE	COUNTRY		
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE covered collate	SSIGN collateral		
_	Indicate collateral:	_		_			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM this is an Amendment authorized by a DEBTOR, check here and provide no	TENDMENT: Prame of authorizing		name of Assignor, if this is an Assignmen	t)		
	Ba. ORGANIZATION'S NAME Elderlife Financial Lending, LLC						
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON.	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		

10. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

Doc# 2310349078				
2. NAME OF PARTY AUTHORIZING TH	IIS AMENDMENT: Same as iten	n 9 on Amendment form		
128. ORGANIZATION'S NAME Elderlife Financial Le	nding, LLC			
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	LISE ONLY
3. Name of DEBTOR on elated financi one Debtor name (13a or 13) (ii. e axact 13a. ORGANIZATION'S NAME			purposes only in some filing offices - see Instruction item ne); see Instructions if name does not fit	13): Provide o
R 13b. INDIVIDUAL'S SURNAME Sauer	The state of the s	FIRST PERSONAL NAME Gordon	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		OU COUR		
5. This FINANCING STATEMENT AMENDME		17. Description of		