UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

Doc#. 2414524156 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE Date 5/24/2024 9:47 AM Pg: 1 of 3

	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
	E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com		1		
	SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
L	2839 39819	\neg			
'	CSC	ı			
	801 Adlai Stevenson Drive	Filed In: Illinois			
	Springfield, IL 62703	(Cook)			
	SEE BELOW FOR SECURED PARTY CONTACT INFOR	RMATION	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FUE NUMBER 2113204024 05/12/2021		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.			
2.	▼ TERMINATION: Effectiveness of the Financing Stratement identified abo	ove is terminated with resp	, , , , , ,		ation Statement
3. [ASSIGNMENT: Provide name of Assignee in Item 7a or 7 ^t , and address For partial assignment, complete Items 7 and 9; check AS siGN Co"teral I				
4.	CONTINUATION: Effectiveness of the Financing Statement identified a additional period provided by applicable law	Yove with respect to the s	ecurity interest(s) of Secured Party	authorizing this Continuation Statement	is continued for the
5.	PARTY INFORMATION CHANGE:	9			
C	check one of these two boxes:	eck one of these three box		ne: Complete item DELETE name:	Give record name
_	his Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a c / 6b; and them 7		and item 7c to be deleted in	
6. (CURRENT RECORD INFORMATION: Complete for Party Information ([6a. ORGANIZATION'S NAME]	Change - provi e only <u>one</u>	name (6a or 6b)		
		O			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL MAN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	SAYERS	CHARLES	3	E	
			4 / 4	I =	
7. (I CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	l ormation Change - provide only			ebtor's name)
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	ormation Change - provide only			ebtor's name)
7. (7a. ORGANIZATION'S NAME	omation Change - provide only			ebtor's name)
		omation Change - provide only			ebtor's name)
	7a. ORGANIZATION'S NAME	ormation Change - provide only			Ebtor's name)
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	omation Change - provide only			L abtor's name)
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME	omation Change - provide only			SUFFIX
	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	omation Change - provide only			
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	omation Change - provide only			
OR	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		one name (i a or 7b) (usr such, full name; o	io not omit, modify, or abbreviate any part of the De	SUFFIX
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	io not omit, modify, or abbreviate any part of the De	SUFFIX COUNTRY ASSIGN* collateral
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
OR 7c.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box:	CITY ADD collateral	one name (ra or 7b) (usr such, full name; o	STATE POSTAL CODE	SUFFIX COUNTRY ASSIGN* collateral
7c. 8.	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: Indicate collateral: *(C) ME IMPROVEMENT: REMODELING	CITY ADD collateral Check ASSIGN COLLATERAL o	one name (ra or 7b) (use such, full name; of	STATE POSTAL CODE RESTATE covered collateral and describe the ord is limited to certain collateral and describe the order.	SUFFIX COUNTRY ASSIGN* collateral
OR 7c. 8. HO	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: Indicate collateral: 10 ME IMPROVEMENT: REMODELING	CITY ADD collateral Check ASSIGN COLLATERAL o	DELETE collateral Finds if the assignee's power to amend the record or power to a mend the recor	STATE POSTAL CODE RESTATE covered collateral and describe the ord is limited to certain collateral and describe the order.	SUFFIX COUNTRY ASSIGN* collateral
OR 7c. 8. HO	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: Indicate collateral: "(C) ME IMPROVEMENT: REMODELING	CITY ADD collateral Check ASSIGN COLLATERAL o	DELETE collateral Finds if the assignee's power to amend the record or power to a mend the recor	STATE POSTAL CODE RESTATE covered collateral and describe the ord is limited to certain collateral and describe the order.	SUFFIX COUNTRY ASSIGN* collateral
OR 7c. 8. HO	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: Indicate collateral: '(C) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: (C) Indicate collateral: '(C) OME IMPROVEMENT: REMODELING PARME OF SECURED PARTY OF RECORD AUTHORIZING THIS (This is an Amendment authorized by a DEBTOR, check here and provided and pr	CITY ADD collateral Check ASSIGN COLLATERAL of the collateral of authorizing Displayed the collateral of authorizing Displaye	DELETE collateral Finds if the assignee's power to amend the reconstitute only one name (9a or 9b) (name obtor	STATE POSTAL CODE RESTATE covered collateral ord is limited to certain collateral and describe the ord is limited to certain collateral and describe the order of the collateral and describe the collate	SUFFIX COUNTRY ASSIGN* collateral collateral in Section 8
7c. 8. H0	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: Indicate collaterat: *(C) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Check only one box: (T) Indicate collaterat: *(C) THE IMPROVEMENT: REMODELING NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS is an Amendment authorized by a DEBTOR, check here and provi	CITY ADD collateral Check ASSIGN COLLATERAL o	DELETE collateral Finds if the assignee's power to amend the reconstitute only one name (9a or 9b) (name obtor	STATE POSTAL CODE RESTATE covered collateral and describe the ord is limited to certain collateral and describe the order.	SUFFIX COUNTRY ASSIGN* collateral

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 07/01/23)

2839 39819

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2113204024 05/12/2021 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Aqua Finance, Inc. 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 filing 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 SUFFIX ADDITIONAL NAME(S)/INITIAL(S) SAYERS **CHARLES** 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITE 4.8 (Collateral) OR OTHER INFORMATION (Please Describe) County Clark's Office 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: 19138 GRANT ST covers as-extracted collateral is filed as a fixture filing covers timber to be out LANSING, IL 60438-3826 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): CHARLES SAYERS County: COOK COUNTY Parcel Number: 33-05-305-017 **19138 GRANT ST** Abbrev. Description: (FIRST) ADD TO (RIDGEBROOK) LANSING, IL 60438-3826 BNG A SUB OF PT OF THE *A LSO FILED AS T3738811* NW SW SEC 05-35-15 **FULL LEGAL ATTACHED** 18. MISCELLANEOUS:

UNOFFICIAL COPY

Lot 35 in first addition to ridgebrook, being a subdivision of part of the northwest quarter of the southwest quarter, section 5, township 35 north, range 15, east of the third principal; meridian, in cook county, Illinois

Property of Cook County Clerk's Office