UNOFFICIAL COPY Doc# 2414528254 Fee \$93.00 ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE DATE: 5/24/2024 2:07 PM UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** PAGE: 1 0F 2 A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) B. Anderson (773)420-4816 B. E-MAIL CONTACT AT SUBMITTER (optional) banderson@providencebank.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Urban Partnership Bank N/K/A Providence Bank 17801 S. State Street, Chicago, IL 60619 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FI' & NI MBER 1b This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum Doc #1629157209 date 10/17/2016 (Form UCC3Ad) and provide Debtor's name in item 13. 2. / TERMINATION: Effectiveness of the Financin, Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement ASSIGNMENT: Provide name of Assignee in item 7a ur 71, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9; check ARSIAN citateral box in Item 8 and describe the affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement ide diffied bove with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check or 10' these three boxes to: Check one of these two boxes: CHA' G : name and/or address; Complete item 6a or 6b; ____ "em 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - prov 1e only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S SURNAME FIRST PERSONAL FAMI ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Moore Gwendolyn M 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gog name (2 or 76) (use end, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c, MAILING ADDRESS POSTAL CO COUNTRY STATE 7250 South Michigan Avenue Chicago 1L 60619 USA COLLATERAL CHANGE: Check only one box ADD collateral DELETE collateral RESTATE covered collateral ASSIGN Tollatera Indicate collateral: *Check'ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collat 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a, ORGANIZATION'S NAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

9b, INDIVIDUAL'S SURNAME

LN #66786-10

10. OPTIONAL FILER REFERENCE DATA:

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Sar Doc #1629157209 | me as item 1a on Amendment form | | | |
|--|--|------------------------------|------------------------------|-----------|
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: | Same as item 9 on Amendment form | | | |
| 12a, ORGANIZATION'S NAME Urban Patnership Bank N/K/A F | Providence Bank & Ti | rust | | |
| | | | | |
| R 12b. INDIVIDUAL'S SURNAME | | | | |
| FIRST PERSONAL NAME | _ | | | |
| ADDITIONAL NAME(S)/INITIAL (3) | SUFF | | | |
| 3. Name of DEBTOR on related financing states ant (Namo one Debtor name (13a or 13b) (use exact, full na. ie; o not omi | e of a current Debtor of record required fo | r indexing purposes only is | BOVE SPACE IS FOR FILING OFF | |
| 13a, ORGANIZATION'S NAME | R, Illouis, or abbreviate any part of the De | bioi s name), see instructi | ons a name does not at | |
| 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL | | ADDITIONAL NAME(S)/INITIAL(| S) SUFFIX |
| Moore ADDITIONAL SPACE FOR (CHECK ONE BOX): | Gwendol | /n | M | |
| | | | | |
| | | | 974'S OFFICE | |
| 5. This FINANCING STATEMENT AMENDMENT: | 177 | . Description of real estate | : | |