PREPARED BY: DOCU-TECH, INC./J.V. FOX FOR MERCANTILE MORTGAGE COMPANY 477 E. BUTTERFIELD RD., #310 LOMBARD, ILLINOIS 60148 RECORD AND RETURN TO: MERCANTILE MORTGAGE COMPANY	96963877 5V
477 E. BUTTERFIELD RD., #310	DEPT-01 RECORDING \$23.50
NOMBARD, ILLINOIS 60148	. T46666 TRAN 5463 12/23/96 11:00:00
CST 9107569 ISDACE Above This	Line For Recording Data) 47697 4 1F: 4-96-963877
ASSIGNMENT OF I	REAL ESTATE MORTGAGE OUNT RETURNER
all the rights, title and interest of undersigned in and to that executed by PATRICIA DEBONGET AND ALLISON DE to MERCANTILE MORTGAGE COMPANY a CORPORATION organized under the principal place of business is 477 EAST BUTTERFIELD R and recorded in Book/Volume No. No. COOK County Records, Side of THE SOUTH 1/2 OF THE WEST 60 FEET OF THE PULLMAN GARDENS, A SUBDIVISION OF THE SOUTH THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,	laws of THE STATE OF ILLINOIS and whose COAD, SUITE 310, LOMBARD, ILLINOIS 60148 , as Document ILLINOIS described hereinafter as follows: CAST 360 FEET OF BLOCK 1 IN CH 1/2 OF THE NORTHWEST 1/4 OF CAST 1/4 OF THE
COMMONLY KNOWN AS: 1034 WEST 104TH PLACE CHICAGO, ILLINOIS X XX018 25-17-209-018	ex 6064BJ M
TOGETHER with the note or notes therein described or refers all rights accrued or to accrue under said Real Estate Mortgag	
STATE OF THIN 013 COUNTY OF Durlage 1. the undersigned, a Notary Public in and for the County and State	MERCANTILE MORTGAGE COMPANY AN ILLIMOIS CORPORATION By: / ///
personally known to me to be the duly sworn authorized agent(s) of the ASSIGNOR and personally known to me to be the same person(s) whose name(s) subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that as such duly authorized agent(s), signed and delivered the same instrument as duly authorized agent(s) of the ASSIGNOR as a free and voluntary act, and as a free and voluntary act and	Title: Fanding Starketor By: Title: Witness:
Assignment of said ASSIGNOR, for the uses and purposes therein set forth. Given under my hand and official seal, this	COPTICIAL SEAL TRACEY MARUGUO MOTANTA DE COMPANION Thir area for official notative seal

My Commission Expires

Property of Cook County Clerk's Office

96663877

Form LLC-5.25

January 1994

George H. Ryan
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 357, Howlett Building
Springfield, IL 62756

Payment may be made by business firm check payable to Secretary of State. (If check is returned for any reason this filling will be void.)

lilinois Limited Liability Company Act

Articles of Amendment

Filing Fee \$100. SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State

Date 12, 03-1986
Assigned File # 0007- F6F-5
Filing Fee \$ 100.00
Approved: 72

000000000

This space for use by Secretary of State

FILED

DEC 03 1996

UNDTED MASHITY CO. DIV. C. ORGE H. RYAN SECRETARY OF STATE

File nun	mber assigned by the Sec	76lary of State: 0007868-9	
Federal	Employer Identification I	Numosr (F.E.I.N.): 36-4106525	
	Articles of Amendment ar xceed 30 days after the f	e effective on X the file date or a later date being, ile date.	
(Addres	s changes of P.O. Box a	mended as follows. (Attach a copy of the text of each amendment adopted.) nd c/o are unacceptable)	
		mber (give name and address below) nager (give name and address below)	16
c)	Withdrawal of a member	er (give name below)	30
	Withdrawal of a manag	er (give name below) of the office at which the records required by Section 1-40 of the Act are kept (give new	96
,	address, including cour	nty below)	ည္က
f)	Change of registered a below)	gent and/or registered agent's office (give to name and address, including county	96963878
	Change in the limited lie	ability company's name (list below)	30
h) _Xi)	▼	ution or other events of dissolution enumerated in Item 8 of the Articles of Organization	
, i		lity company will not be managed by managers. The limited	
T)	liability company	will be managed by its members, who are as follows:	
	a)	Martin J. Fields, M.D.	
	C-4	325 West Huran St. Suite A17	23.00
		Chicago, Illinois 60610 . T46666 TRAN 5464 12/23/96 11:02:	:3.VC
	A	Midwest Mental Health Care Provider 808 COUNTY RECORDER	
	•		
		Chicago, Illinois 60610	
		Martin J. Fields, M.D.	
		325 West Huron St., Suite 417 Chicago, Illinois 60610	,

EXX 378CHM

LLC-5.25

6.	This amendment was adopted by the managers. S. 5-25(3) X Yes No No No No Member action was not required. Yes No
7.	This amendment was adopted by the members. S. 5-25(4) Yes No a) At a meeting of the members, with the required number of affirmative votes necessary to adopt the amendment. Yes X No
	b) Only by written consent signed by the members having the required number of votes necessary to adopt the amendment.
8.	The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this articles of amendment is to the best of my knowledge and belief, true, correct and complete.
	Dated November 96. (Signature) Martin J. Fields. M.D., Manager (Type or print Name and Title)
	(if puplicant is a company or officer entity, state name of company sold in the company of the company sold in the company of the company sold in the company sold in the company of the company sold in the c

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