UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MEN	T					
A. NAME & PHONE OF CONTACT AT FILER (optional) ADRIANA FERNANDEZ (800) 837-9700							
B. E-MAIL CONTACT AT FILER (optional)		<u> </u>		CLICIDY CU	00065330 1/1 \$ ty Judge of Pro		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · ·			03/10/2014	1 11:18:31 AM F	FILED/CE	L RT
CASTLE CREDIT CORPORATION 8430 W BRYN MAWR AVE STE 750							
CHICAGO IL 60631		•					
			THE ABOVE S	SPACE IS FO	R FILING OFFICE	USE ONLY	Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER UCC1-20071217000566750 12/17/07 SHI	ELBY	7	1b. This FINANCING STA	KEAL ESTATE	ENDMENT is to be file RECORDS orm UCC3Ad) and provide		
2. TERMINATION: Effectiveness of the Financing Statement iden				· ·			
Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in ite	m 7a or 7	b, <u>and</u> address o	of Assignee in item 7c <u>and</u> na	me of Assigno	r in item 9	- ·	·
For partial assignment, complete items 7 and 9 and also indicate	affected o	collateral in item	8		·	·············	
4. CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law	entified al	bove with respec	t to the security interest(s) of	Secured Party	y authorizing this Con	tinuation Sta	atement is
5. PARTY INFORMATION CHANGE: AND	Check on	e of these three b	oxes to:				
Check <u>one</u> of these two boxes: This Change affects Debtor <u>or</u> Secured Party of record			address: CompleteADD	oname: Compler 7b, <u>and</u> item 7	ete item DELETE i 7c to be dele	name: Give reted in item 6	
6. CURRENT RECORD INFORMATION: Complete for Party Information. 6a. ORGANIZATION'S NAME	ation Char	nge - provide only	one name (6a or 6b)	· · · · · · · · · · · · · · · · · · ·			
OR					<u> </u>		
66. INDIVIDUAL'S SURNAME			NAL NAME .	ADDITIO	NAL NAME(S)/INITIAI	L(S) SU	JFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F	arty informa	tion Change - provide	only <u>one</u> name (7a or 7b) (use exact,	full name; do not o	mit, modify, or abbreviate ar	ny part of the De	ebtor's name)
7a. ORGANIZATION'S NAME							
7b. INDIVIDUAL'S SURNAME							······································
INDIVIDUAL'S FIRST PERSONAL NAME		<u>.</u>		<u> </u>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					<u>-</u>	su	JFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	CC	DUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADI	D collateral	DELETE collateral	RESTATE	covered collateral	ASSIG	N collatera
Indicate collateral:							
	<u>-</u>		······································		·		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and and		MENDMENT: I name of authorizi		9b) (name of As	ssignor, if this is an Ass	signment)	
9a. ORGANIZATION'S NAME Castle Credit Corporation	·						
OR 9b. INDIVIDUAL'S SURNAME	· •• · •	FIRST PERSO	VAL NAME	ADDITIO	NAL NAME(S)/INITIAL	_(S) SU	JFFIX
10. OPTIONAL FILER REFERENCE DATA: Contract ID: 104249 / Account Number: 0HH41	1 T						