IN013259

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NAME & PHONE OF CONTACT AT FILER (Optional)				
B. EMAIL CONTACT AT FILER (Optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	GINA PIMENTEL RECORDER	2021-0	069042	)
Gregory W. Kuehnle, Esquire	STATE OF INDIANA	2021-0	700042	•
Troutman Pepper Hamilton Sanders LI Post Office Box 1122	FILED FOR RECORD	11:27 AM	2021 Nov	29
Richmond, Virginia 23218	TUE ABOVE OR			
nitial Filing No. 201-06904	1b. This FINANCIN record) (or reco	G STATEMENT AME rded) in the REAL EST ant Addendum (form UCC3Ad)	NDMENT is to be	filed [for
. TERMINATION: Effectiveness of the Financing Statement identified above				main tem 13
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected or	nd address of Assignee in item 7c and name of Assi	gnor in item 9		
. CONTINUATION: Effectiveness of the Financing Statement identified ab		Party authorizing this Conti	inuation Statement is	3
continued for the additional period provided by applicable law  PARTY INFORMATION CHANGE:				77
heck one of these two boxes:  AND Check or	of these three boxes to:			
Change affects Debtor or Secured Party of record Rem 8a or 8	e and/or address: Complete ADD name: 0	Complete item	DELETE name: Giv	e record nan
CURRENT RECORD INFORMATION: Complete for Party Information Cha 6a. ORGANIZATION'S NAME		7.00170	to de delitio il riceli	1040100
	( )			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	tion Change - provide only one name (7a or 7b) (use exact, full	I name; do not omit, modify, or	abbreviate any part of th	e Debtor's nam
FEDERAL HOME LOAN MORTGAGE	CORPORATION			
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	16	2		SUFFIX
7c. MAILING ADDRESS 8200 Jones Branch Drive	McLean		STAL CODE 2102	USA
	ADD collateral DELETE collateral	RESTATE covered of		ASSIGN colls
Indicate Collateral:		0/		
		40	)_	
			K#63	AAIS
2		_		0-1.
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and provide national statement authorized by a DEBTOR, check here are some control of the contro		(name of Assignor, if this i	s an Assignment)	MIT P
9a. ORGANIZATION'S NAME				
CADAL TI 1 LLC				
SABAL TL1, LLC  RB. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX

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UCC FINANCING STATEMENT AMENDMENT A FOLLOWINSTRUCTIONS	DDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as itom 1a on Amendment form Initial Filing No.				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME				
SABAL TL1, LLC				
OR 12b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		1		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
Name of DEBTOR (or related financing statement (Name of a current Debtor of record	menuland for indexion or	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
<ol> <li>Name of DEBTOR (on relative financing statement (Name of a current Debtor of recording Debtor name (13a or 13b) (use exact, full name; do not ordit, modify, or abbreviate and 13a, ORGANIZATIONS NAME</li> </ol>	y part of the Debtor's nan	ne); see Instructi	ons if name does not fit	Provide only
HARRINGTON PARTNERS, LLC				
OR 13b. INDIVIDUAL'S SURNAME  14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	FIRST PERSONAL NA	ME .	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collaborat):  14. ADDITIONAL SPACE FOR ITEM 8 (Collaborat):  15. This Financial STATEMENT AMENDMENT:    covers tribber to be out   dovers as-advacted collaborat	17. Ossorption of	rgial egiste:	<u> </u>	
Numb and address of a RECORD OWNER of red details described in tem 17 (Flotter does not have a record instruct):			eco <sub>fd</sub>	
			-7	
18. MISCELLANEOUS:				

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### EXHIBIT A

### DESCRIPTION OF THE PROPERTY

Lots 71 to 76, both inclusive, and the South 4 feet of the East 153.3 feet of Lot 77 in Cottage Grove Addition, to the City of Crown Point, as per plat thereof, recorded in Miscellaneous Record "A", Page 511, in the Office of the Recorder of Lake County, Indiana.

Property address: 127 Harrington Avenue, Crown Point, IN 46307 Tax Number: 45-16-08-102-012.000-042

Property address: 151 Harrington Avenue, Crown Point, IN 46307
Tax Number: 45-16-08-102-013.000-042