NOT AN OFFICIAL DOCUMENT UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS.				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Laura Tavitas 219-476-0504x223	'			
B. E-MAIL CONTACT AT FILER (optional) Laura@rdc504.org	GINA PIN	IENTEL		454
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	RECO	RDER	2022-039	454
	STATE OF	INDIANA		
Regional Development Company	LAKEC	DUNTY		22 Nov 22
1757 Thornapple Circle Valparaiso, IN 46385	FILED FOR	RECORL)	
Attn: Laura				
Atti. Ladia	11			
		IS FOR FILING OFFICE USE		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018 000174		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. File: glatch Amendment Addendum (Form UCC34d) and provide Debtor's name in item 13.		
TERMINATION: Effectiveness of the Financing Statement Identified above Statement.	e is terminated with respect to the se	curity interest(s	s) of Secured Party authorizing th	is Termination
3. ASSIGNMENT (full or partiel): Provide name of Assignee in item 7a or 7	o, and address of Assignee in item 7c	and name of A	Assignor In Item 9.	
For partial assignment, complete items 7 and 9 and also indicate affected of				
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	ove with respect to the security intere	st(s) of Secure	d Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Check on	of these three boxes to: GE name and/or address: Complete	ADD same	Complete itemDELETE name	Ghia moord nama
This Change affects Debtor or Secured Party of record Item 6	a or 6b; and item 7a or 7b and item 7c.	7a or 7b, <u>ar</u>	item 7c. to be deleted in	: Give record name item 6a or 6b.
 CURRENT RECORD INFORMATION: Complete for Party Information Chan Ba. ORGANIZATION'S NAME 	ge - provide only <u>one</u> name (6a or 6b).			
08. ORGANIZATION'S NAME	<u> </u>			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ion Change - provide only one name (7a or 7b) (0	lse exect, full name	e; do not omit, modify, or abbreviate any par	of the Debtor's name.)
7a. ORGANIZATION'S NAME	40"			
OR 75. INDIVIDUAL'S SURNAME				
70. INDIVIDUAL S SUNTAINE	7	_		
INDIVIDUAL'S FIRST PERSONAL NAME		\sim		
		10	\ \	
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)		-6	C	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
a Desiration curve, and the first Des	Collateral DELETE collatera	, Dec	STATE covered collateral	ASSIGN collateral
COLLATERAL CHANGE: Also check one of these four boxes: ADI Indicate collateral:	D CONTROL DELETE CONSTRUE	. UKE	STATE COVERED CONSISTS	ASSIGN COMMITTEE
morato constitui			C.\\	
			CL#	-10818
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A				
If this is an Amendment authorized by a DEBTOR, check here and provide		(9a or 9b) (nai	the of Assignor, if this is an Assigni	
9a. ORGANIZATION'S NAME U.S. Small Business Administration				\$ 2500
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	- 1	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:				
Debtor: CND Managment LLC				