## OFFICIAL DOCUMEN

## UCC FINANCING STATEMENT AMENDMENT

2022-546772 11/22/2022 10:25 AM TOTAL FEES: 25.00 BY: JAS PG #: 2

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)
CSC 1-800-858-5294

	000 1000 000 0001		1		
	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		1		
	SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
П	2443 64127				
	CSC				
ı	801 Adlai Stevenson Drive Springfield, IL 62703 Filed II				
Ι.	Filed I	n: Indiana (Lake) I			
ш		(Luno)	THE ABOV	/E SPACE IS FOR FILING OFFICE USE	ONL V
10	INITIAL FINANCING STATEMENT FILE NUMBER			STATEMENT AMENDMENT is to be filed [for	
	17-000649 12/27/2017		(or recorded) in the	ne REAL ESTATE RECORDS Iment Addendum (Form UCC3Ad) and provide Debto	
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	is terminated v	vith respect to the securit	ty interest(s) of Secured Party authorizing this	Termination
3.	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 co	, <u>and</u> address of	f Assignee in item 7c <u>and</u> 3	name of Assignor in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified abording of the additional period provided by applicable law	we with respect	to the security interest(s	) of Secured Party authorizing this Continuation	on Statement is
5 [	PARTY INFORMATION CHANGE:				
-	hack one of these two boxes: AND Chock one				
	CHANG	E name and/or a	ddress: Complete 7a or 7b and item 7c	ADD name: Complete item DELETE name: 7a or 7b, and item 7c	Give record name tem 6a or 6b
	CURRENT RECORD INFORMATION: Complete for Party Information Change				
	6a. ORGANIZATION'S NAME	CV			
OR					Termen
	66. INDIVIDUAL'S SURNAME WOODS	NICHOLA		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
_			7.		
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informatic Ta. ORGANIZATION'S NAME	n Change - provide	only one name (7a or 7b) (use er	sact, full name; do not omit, modify, or abbreviate any part of	f the Debtor's name)
0.0			· //x,		
OR	7b. INDIVIDUAL'S SURNAME		7	^	
	INDIVIDUAL'S FIRST PERSONAL NAME			$\Diamond$	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			.67	SUFFIX
				C	
7c.	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				100	USA
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	Indicate collateral:				
	indows				
	CHOLAS WOODS				
	18 W 60th Dr				
M	errillville, IN 46410				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			or 9b) (name of Assignor, if this is an Assignme	nt)
- 1	this is an Amendment authorized by a DEBTOR, check here and provide no		ng Debtor		
	9a. ORGANIZATION'S NAMEFoundation Finance Company L	LC			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Debtor: WOODS, NICH	OLAS-:1-1	08001-2		
	The state of the s	J	0000 I-Z		2443 64127

## NOT AN OFFICIAL DOCUMENT

I. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on An 2017-000649 12/27/2017			
2017-000649 12/27/2017	nendment form		
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or			
12a. ORGANIZATION'S NAME Foundation Finance Company LLC			
i candation i marice company also			
B			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INIT/AL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	er only
Name of DEBTOR on related financing statement (Name of a current Debto one Debtor name (13a or 13b) (use exact, full name; co not omit, modify, or abbre 13a. ORGANIZATION'S NAME			3): Provide o
R 13b. INDIVIDUAL'S SURNAME WOODS	FIRST PERSONAL NAME NICHOLAS	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
	OUN	z,	
5. The FINANCING STATEMENT AMENDMENT	1Z, Description	AUDITANA RAME(S)INTITAL(S)	