FOLLOW INSTRUCTIONS.			
A. NAME & PHONE OF CONTACT AT FILER (optional) Carla Lundgren 219-476-0504 x221			
B. E-MAIL CONTACT AT FILER (optional)			
	-		
admin@rdc504.org	GINA PIMENTEL		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	RECORDER	2023-0092	205
Regional Development Company	STATE OF INDIANA		
Attn: Carla Lundgren	LAKE COUNTY	2:44 PM 2023	Mar 24
1757 Thornapple Circle	FILED FOR RECORD		
Valparaiso, IN 46385	1 i		
- 04	THE ABOVE SPACE	E IS FOR FILING OFFICE US	SE ONLY.
a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STATEM	ENT AMENDMENT is to be filed I	
2018 000369	(or recorded) in the REAL E Filer: attach Amendment Adde	ndum (Form UCC3Ad) and provide D	obtor's name in item
 TERMINATION: Effectiveness of the Financing Statement identified above is termin Statement. 	ated with respect to the security interest	s) of Secured Party authorizing	his Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, gnd addifor partial assignment, complete items 7 and 9 and also indicate effected collateral in	ess of Assignee in item 7c and name of	Assignor in item 9.	
 CONTINUATION: Effectiveness of the Financing Statement Identified above with re continued for the additional period provided by applicable law. 	spect to the security interest(s) of Secur	ed Party authorizing this Continu	ation Statement i
i. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these the	ma hausa ta		
Check one of these two boxes: AND Check one of these the CHANGE name as		: Complete item DELETE named item 7c. DELETE named to be deleted	ne: Give record na
This Change affects Debtor or Secured Party of record Item 6a or 6b; and	item 7a or 7b <u>and</u> item 7c. 7a or 7b, <u>a</u>	nd item 7c to be deleted	in item 6a or 6b.
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide fea. ORGANIZATION'S NAME	only one name (6a or 6b).	9.00	-
Trend Enterprises Inc.			
	0/.	ADDITIONAL NAME(S)/INITIAL(S) a; do not omit, modily, or abbreviate any pa	
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NOT AN-OFFICIAL DOCUMENT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	rt of State Form 50182 (R2 / 5-13) proved by State Board of Accounts, 2013			
FC	LLOW INSTRUCTIONS.			
11	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on 2 2018 000369	Amendment form.		
12	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form.		
	Regional Development Company			
OF	1757 Thornapple Circle, Valparaiso, IN 46385			
	126. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)INITIAL(S)	Louisen		
	ADDITIONAL NAME(S)/INTITUL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE U	SE ON! V
13.	Name of DEBTOR on related financing statement (Name of a current Deb	stor of record required for index	ing purposes only in some filing offices - see Instruction item t	
	one Debtor name (13a or 13b) (Use exact, full name; do not omit, modify, or abbit 13a. ORGANIZATION'S NAME	reviate any part of the Debtor's	name.); see Instructions if name does not fit.	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
_	ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
15.	This FMANCING STATEMENT AMENOMENT:	T7. Description	ADDITIONAL NAME(B)INITIAL(B)	
16.	ocvers unbert o be cut ocvers as-extracted collateral is filed a file file ocvers as-extracted collateral is filed a file occur. A file occur oc	s a fixture filing		
18.	MISCELLANEOUS:			