NOT AN OFFICIAL DOCUMENT

		_				
FO	CC FINANCING STATEMENT AMENDMEN' LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	<u>'</u>				
Ļ	E-MAIL CONTACT AT FILER (optional)	- '				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		GINA PIMENTEL RECORDER	20	2023-009208		
		STATE OF INDIANA		2023-009200		
יו	PRA RECEIVABLES MANAGEMENT, LLC 10 ORCHARD SUITE 100	LAKE COUNTY FILED FOR RECOR	D 2:4	4 PM 2023 N	/ar 24	
ı	LAKE FOREST, CA 92630					
П	_		DACE IS E	OR FILING OFFICE USE	ONLY	
	INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING STA	TEMENT AM	ENDMENT is to be filed [fo		
2.	NST#2013000304 RECORDED 08/15/2013 TERMINATION: Effectiveness of the Financing Statement identified above	Filer: attach Amendmen	t Addendum (Fe	orm UCC3Ad) and provide Deb		
<u> </u>	Statement					
3.[ASSIGNMENT (full or partial): Provide name of Assignee in item 7s or 7l For partial assignment, complete items 7 and 9 and also indicate affected or	b, <u>and</u> address of Assignee in item 7c <u>and</u> nar collateral in item 8	me of Assigno	er in item 9		
4.[CONTINUATION: Effectiveness of the Financing Statement Identified ab continued for the additional period provided by applicable law	nove with respect to the security interest(s) of	Secured Part	y authorizing this Continua	tion Statement is	
5.	PARTY INFORMATION CHANGE:					
	Check one of these two boxes: AND Check one of these two boxes: CHAN This Change affects Debter or Secured Party of record atom 6 tom 6	of these three boxes to: GE name and/or address: Complete a or 6b; and item 7a or 7b and item 7c	name: Compl	lete item DELETE name	: Give record name atem 6a or 6b	
	CURRENT RECORD INFORMATION: Complete for Party Information Change		70, grad nom	7C	i item da or do	
	68. ORGANIZATION'S NAME					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX	
	HILL (DEBTOR)	CAROLYN				
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informati 7a. ORGANIZATION'S NAME	ion Change - provide only goe name (7a or 7b) (use exact, f	full name; do not o	ornit, modify, or abbreviate any part	of the Debtor's name)	
OP	<u>'/</u>					
-	76. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX					
			- (;) · ·		
7c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
8.	COLLATERAL CHANGE: Also check one of these four boxes:	Collateral DELETE collateral	RESTATE	covered collateral	ASSIGN collateral	
O	Indicate collateral: RIGINAL FILING (DEBTOR): HILL, CAROLYN		_	G/~		
PΕ	ROPERTY ADDRESS: 101 W 47TH AVE, GARY IN					
	RIGINAL FILING NUMBER: INST#2013000304 RE ESCRIPTION: PARCEL# 25-45-0178-0009 JUNEDA		4 ALL L	6 BL14		
					: 0072	
9 4	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT: Provide only one new 100 10	h) (name of A-			
J. 1	this is an Amendment authorized by a DEBTOR, check here 🔲 and provide n	name of authorizing Debtor	b) (name of A	ssignor, il ulis is all Assignin		
	90. ORGANIZATION'S NAME PORTFOLIO RECOVERY ASSOCIATES	S, LLC		4	\$35100	
OR	96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)INITIAL(S)	SUFFIX	
	OPTIONAL FILER REFERENCE DATA: 6959/315005852- HILL					
30	0/0/1010000032- IIILL					