## NOT AN OFFICIAL DOCUMENT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2574 05639  CSC	٦
801 Adlal Stevenson Drive Springfield, IL 62703	Filed In: Indiana (Lake)

2023-517590 06/07/2023 02:55 PM TOTAL FEES: 25.00 BY: JAS PG #: 2 RECORDED AS PRESENTED STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2018 000314 07/02/2018			
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7i For partial assignment, complete items 7 and 9 and also indicate affected or	o, <u>and</u> address of Assignee in item 7c <u>and</u> nan ollateral in item 8	ne of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	ove with respect to the security interest(s) of	Secured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes:	of these three boxes to: GE name and/or address: CompleteADD	name: Complete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record Item 6	Lor 6b; and item 7a or 7b and item 7c7a or	7b, and item 7c to be deleted in it	tem 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Chan [6a, ORGANIZATION'S NAME</li> </ol>	ge - provide only one name (6a or 6b)		
ou. Ottorial traine			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
INGRAM	BENJAMIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CHANGED OR ADDED INFORMATION: Complete for #ssignment or Party Informat	on Change - provide only one name (7a or 7b) (use exact. I	all name: do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME	40	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
0.0	* / X,		
7b. INDIVIDUAL'S SURNAME	7,		
INDIVIDUAL'S FIRST PERSONAL NAME	1	)	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	-		SUFFIX
7c. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY
		10/	
COLLATERAL CHANGE: Also check one of these four boxes: ADC Indicate collateral:  2017 CARRIER 59SC2C100S2120 4	collateral DELETE collateral	RESTATE covered collateral A	SSIGN collateral
2017 CARRIER 595C2C100521204		*	
2018 CARRIER CNPVP4821ALA 4			
2018 CARRIER 24ABB348ABN3 4			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AF	MENDMENT: Provide only one name (9a or 9	) (name of Assignor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide r	arne of authorizing Debtor		
9a. ORGANIZATION'S NAME Microf			
OR ON INDESCRIPTION OF THE PROPERTY OF THE PRO			Tay many
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:		•	2574 0563
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMI	ENT (Form UCC3) (Rev. 04/20/11)		

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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
11. 21	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Am 018 000314 07/02/2018	endment form	]			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on	Amendment form	1			
	12a. ORGANIZATION'S NAME		1			
	Microf					
			i			
OR	12b. INDIVIDUAL'S SURNAME		1			
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	1			
	(O <sub>-</sub>		THE ABOVE SPACE IS FOR FILING OFFICE	ISE ONLY		
40	Name of DEBTOR on related financing statement (Name of a current Debtor					
13.	one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbrev			13): Provide o		
	13a, ORGANIZATION'S NAME					
	132 ONGARIZATIONS NAME					
OR	13b. INDIVIDUAL'S SURNAME	IRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	Ter eren		
				SUFFIX		
_	III O I U III	DE1107 11111111				
Αľ	ADDITIONAL SPACE FOR ITEM 8 (Collaboral): DDITIONAL DEBTOR  GRAM JILL		S'D'ÁFIL'ESTATES UNIT 2, AM ADDITI			
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			79			
			10			
	O <sub>A</sub>					
15	This FINANCING STATEMENT AMENDMENT:	17 Descripti	inn of real setate:			
	covers timber to be cut covers as-extracted collateral V is filed as	LOT 15	DAHL ESTATES UNIT 2, AN ADDIT	ON TO		
16	Name and address of a RECORD OWNER of real estate described in item 17	THE TO	OWN OF LOWELL AS PER PLAT THE	REOF		
	(if Debtor does not have a record interest): 305 HAWTHORNE DR	RECOR	RDED IN PLAT BOOK 49, PAGE 21 II	I THE		
			E OF THE RECORDER OF LAKE CO			
	WELL INDIANA			UNIY,		
		INDIAN	NA 45-19-24-202-001.000-008	UNIY,		
46	356	INDIAN	NA 45-19-24-202-001.000-008	UNIY,		

18. MISCELLANEOUS: RTO-000070045