NOT AN OFFICIAL DOCUMENT

LICC FINA	ANCING	STATEMENT	AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 8	318-662-4141	7			
B. E-MAIL CONTACT AT FILER (optional)			-			
uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)			GINA PIM RECOR		2023-0	023957
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	21105 - ARB	OR REAL1	STATE OF		2023-0	J25551
Lien Solutions P.O. Box 29071	94328	591	LAKE CO	DUNTY	10:59 AM	2023 Aug 1
Glendale, CA 91209-9071	ININ		1			
	FIXTU	JRE i	1			
File with: Lake, IN			THE ABOV	E SPACE IS FOR	FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2013000278 7/31/2013 CC IN Lake			1b. This FINANCING (or recorded) in t	STATEMENT AMEN he REAL ESTATE RE Iment Addendum (Form L	DMENT is to be filed ECORDS ICC3Ad) and provide D	i (for record) ebtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement Statement	t identified above i	s terminated with				
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also	in item 7a or 7b, a indicate affected o	nd address of As ollateral in item 8	ssignee in item 7c <u>and</u> na	me of Assignor in iter	m 9	
CONTINUATION: Effectiveness of the Financing Statemer continued for the additional period provided by applicable	nt identified above law	with respect to t	the security interest(s) of	Secured Party author	izing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:	AND Charles					•
Check one of these two boxes:	CHAN	of these three box GE name and/or a		ADD name: Complete if a or 7b, and item 7c	temDELETE nar	ne: Give record name I in item 6a or 6b
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Info				a or 7b, and item 7c	to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME	amauon Change	provide only one	name (oa or ob)			
Eastpoint Terrace Apartments L.L.C.)			
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSON	NL NAME	ADDITIONAL	NAME(SYNITIAL(S)	SUFFIX
			<u> </u>			
 CHANGED OR ADDED INFORMATION: Complete for Assignment Ta. ORGANIZATION'S NAME 	or Party Information Ch	ange - provide only o	one name (7a or 7b) (use exact,	full name; do not omit, mod	dy, or abbreviate any part of	of the Debtor's name)
			1/X.			
OR 75. INDIVIDUAL'S SURNAME			1	^		
INDIVIDUAL'S FIRST PERSONAL NAME				70		
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				-60		SUFFIX
7c. MAILING ADDRESS		CITY		STATE	OSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these fou	r boxes: ADD	Collateral	DELETE collateral	RESTATE cov	ered collateral	ASSIGN collateral
Indicate collateral:					-1/	
					Cr# 6	D287910
					CCII •	
9. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here				or 9b) (name of Assign	or, if this is an Assign	nment)
98. ORGANIZATION'S NAME FANNIE MAE					42	25,50
OR 9b. INDIVIDUAL'S SURNAME						, a+,) (∪∞
		FIRST PERSONA	L NAME	ADDITIONAL		I SUFFIX
		FIRST PERSONA	L NAME	ADDITIONAL	NAME(SYNITIAL(S)	
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: E	Eastpoint Terra			ADDITIONAL		
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: 194328591 062301 - ACF I						suffix inty, IN

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame 3000278 7/31/2013 CC IN Lake			I.		
	IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on	Amendment for	m			
	12a. ORGANIZATION'S NAME FANNIE MAE					
1						
OR -	12b. INDIVIDUAL'S SURNAME					
Ī	FIRST PERSONAL NAME					
Ī	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX			
3. N	lame of DEBTOR on related financing statement (Name of a current Debtor	of record requi	red for indexing	purposes only in son	SPACE IS FOR FILING OFFICE US ne filing offices - see Instruction item	
Ē	ne Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or 13a. ORGANIZATION'S NAME	abbreviate any	part of the Debt	or's name); see Instr	uctions if name does not fit	
	Eastpoint Terrace Apartments L.L.C.	FIRST PERS	ONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
4INI	NIE MAÉ - c/o Arbor Commercial Funding, LLC 3370 Walden	Avenue, Su	ite 114, Depe	ew, NY 14043		
15. TI	his FINANCING STATEMENT AMENDMENT: □ covers limber to be out. □ covers as-extracted collateral □ is file.	Avenue, Su	17. Description 19. 17. De	ion of real estate: Attached	Co _{rologo}	

STATE OF INDEX. LAKE COUNTY PILED FOR RECORD (\$230)

2018 000226

2018 MAY 21 PM 3: 33

MICHAEL & BROWN RECORDER

KXHIBIT A

DESCRIPTION OF THE PROPERTY

TAX PARCEL NO. 48-08-10-437-002.000-004

Jun 46407

Control of PROPERTY ADDRESS: 1720 Mississippi Street, Gary, Ind

MICHAEL B. BROWN
RECORDER

Selauliai An 9.3

\$613 000578

o UCC Phancing Stat Partide Man G-DATAVESSOCIEN DAN DOCUMENTS/FINALISEC:

Pege A-I © 2011 Fennie Maa