OFFICIAL DOCUMENT

UCC FINANCING STATEMENT AMENDMENT

2023-529599 09/11/2023 12:50 PM TOTAL FEES: 25.00 BY: LAK PG #: 2 RECORDED AS PRESENTED STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank

Lien Solutions 94980774

P.O. Box 29071 Glendale, CA 91209-9071

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<u> </u>	File with: Lake, IN		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
	STATEMENT FILE NUMBER 1/2019 CC IN Lake	1	Ib. This FINANCING STATE (or recorded) in the REAL Filer: attach Amendment Add	MENT AMENDMENT is to be filed (for LESTATE RECORDS Sendum (Form UCC3Ad) and provide Debto	r record] or's name in item 13
TERMINATION: E Statement	ffectiveness of the Financing Statement	identified above is terminated with r	respect to the security interest(s	of Secured Party authorizing this Te	rmination
ASSIGNMENT (fu For partial assignr	ill or partial): Provide name of Assignee inent, complete items 7 and 9 <u>and</u> also i	n item 7a or 7b, <u>and</u> address of Ass ndicate affected collateral in item 8	signee in Item 7c <u>and</u> name of A	ssignor in Item 9	
	Effectiveness of the Financing Statemen additional period provided by applicable		e security interest(s) of Secured	Party authorizing this Continuation S	tatement is
 PARTY INFORMA Check one of these two This Change affects 		AND Check one of these three boxe CHANGE name and/or ad tem 6a or 6b; and item 7a	idress: Complete ADD nan	ne: Complete item DELETE name: and item 7c to be deleted in	Give record name item 6a or 6b
	INFORMATION: Complete for Party Info	rmation Change - provide only one	name (6a or 6b)		
6e. ORGANIZATIONS					
MALAGON	RNAME	FIRST PERSONAL SILVERIO	LNAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	D INFORMATION: Complete for Assignment	or Party Information Change - provide only on	name (7a or 7b) (use exact full name;	do not emit, modify, or abbreviate any part of the	Debtor's name)
7a. ORGANIZATIONS	NAME		Y)X.		
7b. INDIVIDUAL'S SUF	RNAME		TA		
INDIVIDUAL'S FIR	ST PERSONAL NAME		7)	
INDIVIDUAL'S ADD	DITIONAL NAME(S)(INITIAL(S)		6	C	SUFFIX
7c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CI Indicate collateral:		r boxes: ADD collateral	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (Sa or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here.									
		This is an in-interface and indicatory a bubble of the properties of authorizing below. SERVICE FINANCE COMPANY, LLC							
	OR	96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: MALAGON, SILVERIO									

2052220

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

NOT AN OFFICIAL DOCUMENT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOWINSTRUCTIONS				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A	mendment form			
2019000428 9/11/2019 CC IN Lake				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 of	on Amendment form			
126. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC				
SERVICE I IIVANCE COMI ANT, EES				
OR				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAVE(S)IN TIAL(S)	SUFFIX			
700			SPACE IS FOR FILING OFFICE US	
 Name of DEBTOR on related financing statement (Name of a current Debtone Debtor name (13a or 13b) (use exact full name; do not omit, modify. 	tor of record required for indexing purp or abbreviate any part of the Debtor's	ioses only in son name): see Instr	ne filing offices - see Instruction item actions if name does not fit	13): Provid
13a ORGANIZATIONS NAME	or abbreviate any part of the Debior of	name), see mos	double in harne does not no	
R 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFD
MALAGON	SILVERIO			
4. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
ebtor Name and Address: ALAGON, SILVERIO - 7623 BERTRAM AVE , HAMMOND, I	Juma.			
IALAGON, SILVERIO - 7623 BERTRAM AVE , HAMMOND, 1	N 40324			
ecured Party Name and Address:	10			
ERVICE FINANCE COMPANY, LLC - 555 S FEDERAL HWY	#200 , BOCA RATON, FL 3343	2		
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15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be out ☐ covers as-extracted collateral ☑ is filed as a fixture filing
16. Name and acdress of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest).

7. Description of real estate:

Legal Description: LOT 43 IN TRI-STATE GARDENS SECOND ADDITION TO HAMMOND, AS PER PLAT THEREFOF, RECORDED IN PLAT BOOK 30, PAGE 51, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

18. MISCELLANEOUS: 94980774-IN-89 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Lake, IN 2052;