

RECORDED AS PRESENTED

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B	E-MAIL CONTACT AT SUBMITTER (optional)				
	SPRFiling@cscglobal.com				
	SEND ACKNOWLEDGMENT TO: (Name and Address)				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)				
1	2663 91213 - 10/5/2023	\neg			
٠.	CSC	٠,			
	801 Adlai Stevenson Drive Filed In: India	ana			
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	SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		THE ABOVE SDA	CE IS FOR FILING OFFICE USE	ONLY
10	INITIAL FINANCING STATEMENT FILE NUMBER	1		NT AMENDMENT is to be filed (for reco	
	14 000086 03/12/2014	- 1	(or recorded) in the REAL E	STATE RECORDS. Filer: attach Amend	ment Addendum
			(Form UCC3Ad) and provide		
2.	TERMINATION: Effectiveness of the Financing Statement identified above is terminated	with resp	ect to the security interest(s) of Sec	ured Part(y)(ies) authorizing this Termin	ation Statement
3.	ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7a or 7b, and address of Assignee in item 8 and	tem 7c as	name of Assignor in item 9 the affected collateral in item 8		
_					
4.	 CONTINUATION: Effectiveness of the Financing Statement identified above with respectad billional period provided by applicable law 	t to the se	scurity interest(s) of Secured Party	authorizing this Continuation Statement	is continued for the
5.	PARTY INFORMATION CHANGE:				
c	heck one of these two boxes: AND Check one of these				
	his Change affects Debtor or Secured Party of record CHANGE name	and/or a	dress: Complete ADD name or 7b and item 7c 7a or 7b,	e: Complete item DELETE name: and item 7c DELETE name:	Give record name
	CURRENT RECORD INFORMATION: Complete for Party Information Change - provide			and nomino	aciii da di do
	6a. ORGANIZATION'S NAME DDH PROPERTIES LLC/ DGM VETE			ANIMAL CLINIC	
	2511111012111120220, 201111202			.,	
OR	6b. INDIVIDUAL'S SURNAME FIRST P	ERSON	LAIAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	THOSE SOCIONAL STREET	EK3CIV	C NAME	ADDITIONAL TARREGULATION (C)	30/114
			<u> </u>		
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - pro	ovide only g	ne name (7a or 7b) (use exact, full name; d	o not omit, medify, or abbreviate any part of the De	ebtor's name)
	7a. ORGANIZATION'S NAME		⁷ /O.,		
OR					
OK	7b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME		7		
			10	\	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		. (SUFFIX
7.0	MAILING ADDRESS CITY			STATE POSTAL CODE	COUNTRY
16.	OII I			SIAL CODE	USA

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (%a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor										
98. ORGANIZATION'S NAME LIVE OAK BANKING COMPANY										
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
10. OPTIONAL FILER REFERENCE DATA: Debtor: DDH PROPERTIES LLC/ DGM VETERINARY LLC/ WOODMAR ANIMAL CLINIC										

DELETE collateral

RESTATE covered collateral

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

ASSIGN* collateral

ADD collateral

Check only one box:

COLLATERAL CHANGE:

Indicate collaterat

NOT AN OFFICIAL DOCUMENT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS								
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2014 000086 03/12/2014		1						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment for	i							
12a. ORGANIZATION'S NAME LIVE OAK BANKING COMPANY		1						
LIVE OAK BANKING COMPANY								
OR								
12b. INDIVIDUAL'S SURNAME								
FIRST PERSONAL NAME								
		l						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE U	er ouly				
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record requ	ired for indexing	purposes only in some	filing offices - see Instruction item 13): P					
one Debtor name (13a or 13b) (use exact, full frame; so not omit, modify, or abbreviate any part of 13a. ORGANIZATION'S NAME	the Debtor's nam	e); see Instructions if n	ame does not fit					
OR 13b. INDIVIDUAL'S SURNAME FIRST PER	SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OF		UED NEODMATIO	L(Disease Describe)					
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OF	, Поп	HER INFORMATIO	(Flease Describe)					
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10								
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	14. ADDITIONAL SPACE FOR (CHECK ONE BOX):							
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15. This FINANCING STATEMENT AMENDMENT:	17. Description	on of real estate:	- 40 2					
covers timber to be cut covers as-extracted collateral is filed as a fixture filing	See Ex	hibit A						
16. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest): DDH PROPERTIES LLC/								
WOODMAR ANIMAL CLINIC								
WOODWAY ANIMAE OFINIO								
208 FRANKLIN STREET								
PORTER, IN 46304								
46 MIGOELL NIEGUIO								
18. MISCELLANEOUS:								

MAT 2NOT ANY OFFICIAL DOCUMENT

STATE OF HOLANA

2014 000086

EXHIBITIAN IN 12 AU S.

Lots 59, 60, 61 and 62, and the South half of vacator; [] 14th Street bying. West of the West line of Indianapolis Boulevard and East of the East line of the first alley. West of the West line of Indianapolis Boulevard, being that portion adjacent to and Jung Bettkeel Lot 20, Block 24 and Lot 62, Block 25, Unit 7 of Woodmar, in the City of Hammond, as shown in Plat Book 16, Page 34, in Lake County, Indiana.

Aroperty or lake County Recorder