BY: MA PG #: 2

GINA PIMENTEL RECORDER

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
s. 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 P.O. Box 29071	100044969			
Glendale, CA 91209-9071	ININ FIXTURE _I			

ľ.	SEIND ACKNOWLEDGINENT TO: (Name and Address)	46322 - SunTrust Bank			
lí	Lien Solutions	100044969			
ľ	P.O. Box 29071	100044303			
ı	Glendale, CA 91209-9071	ININ	1		
Ι.		FIXTURE	1		
ı		TIXTORL	1		
Ľ	File with: Lake, IN		THE ABOVE SPA	ACE IS FOR FILING OFFICE U	SE ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER 24-521233 7/1/2024 CC IN Lake		(or recorded) in the REA	EMENT AMENDMENT is to be filed [AL ESTATE RECORDS idendum (Form UCC3Ad) <u>and</u> provide Det	
2.	▼ TERMINATION: Effectiveness of the Financing Statement Statement	identified above is terminated with	respect to the security interest(s	s) of Secured Party authorizing this T	Termination
3. [ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also	in item 7a or 7b, <u>and</u> address of As indicate affected collateral in item 8	ssignee in item 7c <u>and</u> name of <i>i</i>	Assignor in item 9	
4. [CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable	nt identified above with respect to t	he security interest(s) of Secure	d Party authorizing this Continuation	Statement is
5. [PARTY INFORMATION CHANGE:				
(Check one of these two boxes:	AND Check one of these three box			e: Give record name
_ 1	his Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7	'a or 7b <u>and</u> item 7c 7a or 7b	me: Complete item DELETE name , <u>and</u> item 7c DELETE name	e: Give record name in item 6a or 6b
6. C	URRENT RECORD INFORMATION: Complete for Party Info	rmation Change - provide only one	name (6a or 6b)		
	6a, ORGANIZATION'S NAME	- (4			
OR					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	KARAHALIOS	OLGA		1	
7. C	CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provide only r	one name (7a or 7b) (use exact full name	; do not cmit, modify, or abbreviate any part of	the Debtor's name)
OR	7a. ORGANIZATIONS NAME		Y/X		
OR	7b. INDIVIDUAL'S SURNAME		Y_		
	INDIVIDUAL'S FIRST PERSONAL NAME		7	5	
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			·C	SUFFIX
7c.	MA/LING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. [COLLATERAL CHANGE: Also check one of these for	ir boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	Indicate collateral:			CV.	

_							
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 and provide name of authorizing Debtor							
	9a. ORGANIZATION'S NAME						
OR	SERVICE FINANCE COMPANY						
	SERVICE FINANCE COMPANY						
	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX			
		l	l				
_							
10.	10. OPTIONAL FILER REFERENCE DATA: Debtor Name: KARAHALIOS, OLGA						

3825009

NOT AN OFFICIAL DOCUMENT

ICC EINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS					
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2024-521233 7/1/2024 CC IN Lake					
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form					
126 CRGANIZATIONS NAME SERVICE FINANCE COMPANY					
OR 126 INDIVIDUAL'S SURVAME					
FIRST PERSONAL NAME					
ADDITIONAL NAVE(S)INITIAL(S)	UFFIX				

Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item one Debtor name (13a or 13b) (use exact. full name: do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13b. INDIVIDUAL'S SURNAME

OLGA

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

KARAHALIOS Debtor Name and Address:

KARAHALIOS, OLGA - 56 N COUNTY LINE RD , HOBART, IN 46342-3579

Secured Party Name and Address:

SERVICE FINANCE COMPANY - 555 S FEDERAL HWY STE 200, Boca Raton, FL 33432-6033 County Record

15. This FINANCING STATEMENT AMENDMENT

covers timber to be cut. covers as-extracted collateral. is filed as a fixture filing.

Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Justin R. Harty and Konstantina I Harty, husband and wife

56 N COUNTY LINE RD HOBART, IN 46342

17. Description of real estate:

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, IN THE STATE OF INDIANA: LOT 11, BLOCK 5, HILLCREST HEIGHTS 3RD ADDITION, UNIT NO.3, AS SHOWN IN PLAT BOOK 32, PAGE 84, LAKE COUNTY, INDIANA.

Property Address: 56 N COUNTY LINE RD HOBART IN 46342

Parcel ID: 45-09-28-481-027.000-018

18. MISCELLANEOUS: 100044969-IN-89 46322 - SunTrust Benk

SERVICE FINANCE COMPANY

File with: Lake IN