

BY: JAS **GINA PIMENTEL** RECORDER

PG #: 2 RECORDED AS PRESENTED

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. I	NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1		
	E-MAIL CONTACT AT SUBMITTER (optional)		1		
	SPRFiling@cscglobal.com				
	SEND ACKNOWLEDGMENT TO: (Name and Address)		-		
_		_			
Γ	2933 80226	\neg			
	CSC	•			
	801 Adlai Stevenson Drive Filed	In: Indiana			
- 1	Springfield, IL 62703	(Lake)			
-	- ^				
	SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	TION	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
	INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEM	ENT AMENDMENT is to be filed (for reco STATE RECORDS, Filer, attach Amend	rd]
20	24-523786 07/19/2024		(Form UCC3Ad) and provid	ie Debtor's name in item 13.	ment Addendum
2.	TERMINATION: Effectiveness of the Financing Statement identified above is t	erminated with resp	ect to the security interest(s) of Sec	cured Part(y)(ies) authorizing this Termina	ation Statement
-	- /X				
3. [ASSIGNMENT: Provide name of Assignee in item, 7a or 7b, and address of As	ssignee in item 7c a	ind name of Assignor in item 9		
_	For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in	Item 8 and describe	the affected collateral in item 8		
4. T	CONTINUATION: Effectiveness of the Financing Statement identified above	with respect to the s	ecurity interest(s) of Secured Party	authorizing this Continuation Statement	is continued for the
	additional period provided by applicable law			-	
5.	PARTY INFORMATION CHANGE:				
С		e of these three box			
	CHA	NGE name and/or a	iddress: Complete ADD name and a or 7b and item 7c	ne: Complete item DELETE name:	Give record name
	CURRENT RECORD INFORMATION: Complete for Party Information Chang			and non-re-	1011 00 0 00
- 1	6a. ORGANIZATION'S NAME	(C)			
			\		
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	LOEFFLER	BRYAN		c	
7 (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - servida colu	one stome (Te or Th) (use exact fall name)	in not could modify or abbessiate any part of the De	hter's name)
	7a, ORGANIZATION'S NAME	i diaige - prosice disy	and market the or to your extent, our name, o	or not offer, meany, or according only pair of the De	and a raine)
			'()x		
OR	7b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	MONDOWE OF INCH PERSONNE INVITE		1 1		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))	SUFFIX
	INDIVIDUAL S ADDITIONAL NUME(S) INTIAL(S)				SUPPLX
				<u> </u>	
7c. I	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
		1		100	1

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 or									
98. ORGANIZATION'S NAME Foundation Finance Company LLC									
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX						
10. OPTIONAL FILER REFERENCE DATA: 70226023/60811263									

ADD collateral

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

COLLATERAL CHANGE: Check only one box:

Indicate collateral:

NOT AN OFFICIAL DOCUMENT

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame	adment form		
2024-523786 07/19/2024	nument turn		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as Item 9 on A	mendment form		
12a. ORGANIZATION'S NAME			
Foundation Finance Company LLC			
OR			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
70		THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of			
one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviat			rovide only
13a, ORGANIZATION'S NAME	, ,,		
I.S.I. UNGANIZATION S NAME			
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	ISUFFIX
			SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Coll	OTTIVIOTIVA		
	OUN	M ER INFORMATION (Please Describe) screen percent of the control of the Town of Diver, as per pist these	
15. The FINANCING STATEMENT AMENDMENT. ☐ convers titted to lost of ☐ convers sentended collisions ☐ ☑ is filled as 16. Nation and address of a RECORD O'NMER of real estate described in item 17 (If obtained on himses a record interest SERYAN C LOEFFLER SERVAN DESCRIPTION OF THE SERVAN C LOEFFLER SERVAN DESCRIPTION OF THE SERVAN C LOEFFLER SERVAN DESCRIPTION OF THE SERVAN C LOEFFLER SERV	recorded Recorder County: I	of resignation: Lot 24, in Suburban Garde to the Town of Dyer, as per plat there in Plat Book 45, Page 123, in the Of r of Lake County, Indiana. LAKE, IN 10-12-276-001.000-034	of,
	1		