UCC FINANCING STATEMENT AMENDMENT	DOUGLAS COUNTY, NV Rec:\$64.00 \$64.00 Pgs=2 MCCOY & ORTA, P.C. KAREN ELLISON, RECORDER
A. NAME & PHONE OF CONTACT AT FILER (optional) Nick Barzellone 405-236-0003 B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) McCoy & Orta, P.C.	1 \
100 North Broadway, 26th Floor Oklahoma City, OK 73102	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER # 2018-920151 filed 9/27/18	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminat Statement 3. ASSIGNMENT (full) or partial): Provide name of Assignee in item 7a or 7b, and address.	s of Assignee in item 7c <u>and</u> name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in ite 4. CONTINUATION: Effectiveness of the Financing Statement identified above with responding to the additional period provided by applicable law	pect to the security interest(s) of Secured Party authorizing this Continuation Statement is
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide of 6a. ORGANIZATION'S NAME	/or address: Complete em 7a or 7b and item 7c DELETE name: Give record name em 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - pro 7a. ORGANIZATION'S NAME WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TO 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS 1100 North Market Street CITY Wilming	gton STATE POSTAL CODE COUNTRY DE 19890 USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: * FOR THE BENEFIT OF THE REGISTERED HOLDERS OF MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 20	18-C2
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMEN' if this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are and provide name of authorized by a DEBTOR, check here are are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR, check here are a provide name of authorized by a DEBTOR. Starwood Mortgage Capital LLC	• • • • • • • • • • • • • • • • • • • •
OB .	SONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: ROUND HILL SQUARE Reference No.: 2170,008 FILE WI	TH DOUGLAS COUNTY NV

	C FINANCING STATEMENT AMENDMENT LOWINSTRUCTIONS	NT ADDENDUM	
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a or	n Amendment form	[\
	018-920151 filed 9/27/18 NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item is	9 on Amendment form	\ \
	12a. organization's name Starwood Mortgage Capital LLC		\ \
			~ \ \
OR	12b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME		
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	Name of DEBTOR on related financing statement (Name of a current Done Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab		king purposes only in some filing offices - see Instruction item 13): Provide only
	13a. ORGANIZATION'S NAME ROUND HILL SC, LLC	/ /	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):		
/			
15.	his FINANCING STATEMENT AMENDMENT:	•	ion of real estate:
	lame and address of a RECORD OWNER of real estate described in item 17	d as a fixture filing Propert	y Address: 212 Elks Point Road, Zephyr Cove,
\	if Debtor does not have a record interest):		
-10	MISCELLANEOUS:		