DOUGLAS COUNTY, NV

Rec:\$60.00

2019-931651

Total:\$60.00

07/12/2019 09:26 AM

CASTLE CREDIT CO HOLDINGS LLC

00094086201909316510020020

KAREN ELLISON, RECORDER



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)

UCC Manager (800) 837-9700 B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

CASTLE CREDIT 8430 W BRYN MAWR AVE STE 750 CHICAGO IL 60631

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| 1a. INITIAL FINANCING STATEMENT FILE NUMBER UCC1-0813060 BK 1112 PG 5036-5037 11/19/2012 Dot | | | | ENT is to be filed [for re IRDS C3Ad) <u>and</u> provide Debtor's | |
|--|---|--------------------------------|---------------------|---|-------------------|
| 2. TERMINATION: Effectiveness of the Financing Statement identified ab Statement | | \\ | | | ermination |
| ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected | d collateral in item 8 | | | | |
| 4. CONTINUATION: Effectiveness of the Financing Statement Identified continued for the additional period provided by applicable law | above with respect to the secu | rity interest(s) of Secu | ired Party autho | orizing this Continuation | Statement is |
| 5. PARTY INFORMATION CHANGE: | | \/ / | | | |
| Check one of these two boxes: AND Check one of these two boxes: | one of these three boxes to: ANGE name and/or address: Col | molete — ADD nam | e: Complete iten | nDELETE name: G | live record name |
| | ANGE name and/or address: Con 6a or 6b; and item 7a or 7b and | | and item 7c | to be deleted in ite | m 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Ch | ange - provide only <u>one</u> name (i | Ba or 6b) | | | |
| 6a. ORGANIZATION'S NAME | | | | | |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | 1 | ADDITIONAL N | NAME(S)/INITIAL(S) | SUFFIX |
| Mora / Mora | Gregorio / Roc | cio | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform | mation Change - provide only one name | (7a or 7b) (use exact, full na | me; do not omit, mo | dify, or abbreviate any part of t | he Debtor's name) |
| 7a. ORGANIZATION'S NAME | | | 0 | | |
| OR 75. INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | / | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | _ | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE POS | STAL CODE | COUNTRY |
| | | | | | |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: | ADD collateral DELET | E collateral F | RESTATE covere | ed collateral A | SSIGN collateral |
| Indicate collateral: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provi | S AMENDMENT: Provide only de name of authorizing Debtor | one name (9a or 9b) (| name of Assigno | or, if this is an Assignmen | nt) |
| 9a. ORGANIZATION'S NAME | | | | | |
| Castle Credit | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | ADDITIONAL | NAME(S)/INITIAL(S) | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA: | | | | | |
| Contract ID: 135365T | DM | | | | |
| | | International Asso | ociation of Co | ommercial Adminis | trators (IACA) |
| FILING OFFICE COPY — UCC FINANCING STATEMENT AMENU | OMENT (Form UCC3) (Re | v. 04/20/11) | | | |

| OLI | C FINANCING STATEMENT AMENDING LOW INSTRUCTIONS | | JM |
|-------|---|---|--|
| 1. II | NITIAL FINANCING STATEMENT FILE NUMBER: Same as item $CC1-0813060~BK~1112~PG~5036-5037$ | 1 1a on Amendment form | \ \ |
| 2 1 | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as | s item 9 on Amendment form | ┥ \\ |
| Γ | 12a. ORGANIZATION'S NAME | 710110 | \ \ |
| | CASTLE CREDIT | | \ \ |
| Ì | | | ~ \ \ |
| ام | | | |
| | 12b. INDIVIDUAL'S SURNAME | | |
| | Mora | | |
| | FIRST PERSONAL NAME | _ | |
| | Gregorio | SUFFIX | |
| 1 | ADDITIONAL NAME(S)/INITIAL(S) | SOFFIX | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
| | | | |
| 3. | Name of DEBTOR on related financing statement (Name of a cu <u>one</u> Debtor name (13a or 13b) (use exact, full name; do not omit, modif _s | rrent Debtor of record required for in v. or abbreviate any part of the Debt | indexing purposes only in some filing offices - see Instruction item 13): Provide only otor's name); see Instructions if name does not fit |
| | 13a. ORGANIZATION'S NAME | | |
| | 138. ORGANIZATION S NAME | | |
|)R | 13b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAM | ME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |
| | 130. INDIVIDUAL & SUNNAME | | |
| Ļ | ADDITIONAL SPACE FOR ITEM 8 (Collateral): | | \ / / / - |
| | | | |
| 1 | | | |
| 15. | This FINANCING STATEMENT AMENDMENT: | | escription of real estate: |
| _ 1 | | is filed as a fixture filing PAR | RCEL: 1420-07-610-004 |
| 16. | Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest): | LEG | GAL: DOCUMENT 806621 BOOK: 07 12 PAGE: 3 INDIAN HILLS GID/EFD SUNRIDGE HEIGHTS |
| *** | | | |
| 40 | MISCELLANEOUS: | | |