		DOUGLAS COUNTY, NV Rec;\$60.00	2021-9	73116	
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		MCCOY & ORTA, P.C.			
JCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		KAREN ELLISON, RECORDER			
A. NAME & PHONE OF CONTACT AT FILER (optional) Vanessa A. Orta 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			1		
<u> </u>		THE ABOVE SPACE IS FOR FIL	ING OFFICE USE ONL	Y	
1a. INITIAL FINANCING STATEMENT FILE NUMBER # 2021-962638 filed 2/26/21	(or	s FINANCING STATEMENT AMENDME recorded) in the REAL ESTATE RECO attach Amendment Addendum (Form UCC	RD\$	**L	
 TERMINATION: Effectiveness of the Financing Statement identified Statement 	above is terminated with respect	to the security interest(s) of Secured I	Party authorizing this Tern	nination	
 ASSIGNMENT (ull) or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect 	a or 7b, <u>and</u> address of Assign es cted collateral in item 8	in item 7c <u>and</u> name of Assignor in iter	n 9		
 CONTINUATION: Effectiveness of the Financing Statement Identificantinued for the additional period provided by applicable law 	ed above with respect to the sec	urity interest(s) of Secured Party autho	rizing this Continuation St	atement is	
5. PARTY INFORMATION CHANGE:	/ /			·	
Onour tipe of these two boxes.	ck one of these three boxes to: CHANGE name and/or address: Co			record name	
This Change affects Debtor or Secured Party of record is 6. CURRENT RECORD INFORMATION: Complete for Party Information	item 6a or 6b; and item 7a or 7b and Change - provide only one name (to be deleted in item 6	a or 6b	
6a. ORGANIZATION'S NAME					
	7%				
OR CE INDUVIDUALIS CUIDNAME	Temer personal Mane	[ADDITIONAL N	AMERCHANTIAL (C) TO	IEEIV	
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	UFFIX	
DD. INCIVIDUAL'S SURIVAME					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Tra. ORGANIZATION'S NAME	nformation Change - provide only <u>one</u> name	(7a or 7b) (use exact, full name; do not omit, mod			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In [7a. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIA	nformation Change - provide only <u>one</u> name	(7a or 7b) (use exact, full name; do not omit, mod			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Tra. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIA	nformation Change - provide only <u>one</u> name	(7a or 7b) (use exact, full name; do not omit, mod			
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Transcription of Party In T	nformation Change - provide only <u>one</u> name	(7a or 7b) (use exact, full name; do not omit, mod	ify, or abbreviate any part of the D	ebtor's name)	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Ta. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIA 7b. INDIVIDUAL'S SURNAME	nformation Change - provide only <u>one</u> name	(7a or 7b) (use exact, full name; do not omit, mod	ify, or abbreviate any part of the D		
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Transcription of Party In T	nformation Change - provide only <u>one</u> name TION, AS TRUSTEE*	(7a or 7b) (use exact, full name; do not omit, mod	ify, or abbreviate any part of the D	uffix	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information or Party Inform	TION, AS TRUSTEE* CITY Columbia ADD collateral	STATE POS MD 2	STAL CODE COLORS	UFFIX OUNTRY JSA	
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Ta. ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIA 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 9062 Old Annapolis Road 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: * FOR MORGAN STANLEY CAPITAL I TRUST 20 CERTIFICATES, SERIES 2021-L5 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS is an Amendment authorized by a DEBTOR, check here and propagation of the party of	CITY Columbia ADD collateral DELET	STATE POS MD 2' E collateral RESTATE covere	TAL CODE COLORS ASSIM	UFFIX OUNTRY JSA	
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UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS	ENT ADDENDUI	M	\wedge	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1 # 2021-962638 filed 2/26/21]			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	em 9 on Amendment form	7	\ \	
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 U	JSE ONLY
13. Name of DEBTOR on related financing statement (Name of a curre one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, one of the control of the contr		exing purposes only in some filing	g offices - see Instruction item	
13a. ORGANIZATION'S NAME				
STORWISE TAHOE LLC	((1.2		
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
Additional Debtor: KINGSBURY GRADE, LLC 15. This FINANCING STATEMENT AMENDMENT:	17. Desci	iption of real estate:		
		erty Address: 272 Kin	ashury Grade Stat	teline NV
16. Name and address of a RECORD OWNER of real estate described in item	117 89449	▼	goduly Clade, Ola	CHIO, INV
(if Debtor does not have a record interest):		ы ID: 1318-23-401-04	15	
18. MISCELLANEOUS:				