APN: 112105510005 DOUGLAS COUNTY, NV 2024-1007148 Rec:\$60.00 04/29/2024 09:42 AM Record at the request of and Total:\$60.00 when recorded return to: **GOODLEAP** GoodLeap, LLC **UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS** SHAWNYNE GARREN, RECORDER A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) B. E-MAIL CONTACT AT SUBMITTER (optional) filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap LLC PO Box # 981440 El Paso, TX 79998- 1440 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum 1a. INITIAL FINANCING STATEMENT FILE NUMBER 12/09/2021 2021-978188 DOUGLAS. NV (Form UCC3Ad) and provide Debtor's name in item 13. 2. 🗸 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement ASSIGNMENT: Provide name of Assignee In Item 7a or 7b, <u>and</u> address of Assignee in Item 7c <u>and</u> 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 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security Interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Latham Michelle 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY STATE DELETE collateral ADD collateral RESTATE covered collateral 8. COLLATERAL CHANGE: Check only one box: ASSIGN\* collateral Indicate 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 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a 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 GoodLeap LLC OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 10, OPTIONAL FILER REFERENCE DATA: Michelle Latham 2110067937 TERM

2/09/2021 2021-978188 DOUGLAS, NV  . NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form  12a. ORGANIZATION'S NAME  GoodLeap LLC	11.	LOWINSTRUCTIONS	•			
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