201905100055

05/10/2019 11:34 AM Pages: 1 of 2 Fees: \$100.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (Optional) B. EMAIL CONTACT AT FILER (Optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Jonathan J. Lautt, Esquire Troutman Sanders LLP Post Office Box 1122 Richmond, Virginia 23218

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT is to be filed [for lb. 🗷 record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (form UCC3Ad) and provide Debtors na 201801290080 filed January 29, 2018 2. 🗵 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. 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 5. PARTY INFORMATION CHANGE: Check one of these two boxes: AND Check one of these three boxes to: This Change affects Debtor of Debtor DELETE name: Give record name to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 6b) 6a. ORGANIZATION'S NAME KRE TIGER CREEKSIDE LLC, a limited liability company 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) 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 Destor's name)

78. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY DELETE collateral RESTATE covered collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral ASSIGN collateral Indicate Collateral 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 $oldsymbol{\square}$ and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME CITIBANK N.A., AS TRUSTEE FOR THE REGISTERED HOLDERS OF GS MORTGAGE SECURITIES CORPORATION II, MULTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2018-KF48, IN ITS CAPACITY AS NOTE A-1 LENDER AND FOR THE BENEFIT OF THE SERVICED COMPANION LOAN HOLDER 10. OPTIONAL FILER REFERENCE DATA: Creekside (Local – Skagit County, WA)

International Association of Commercial Administrators (IACA) FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

	LOW INSTRUCTIONS	2-2-4		
11.	INITIAL FINANCING STATEMENT FILE NUMBER: Same	e as item 1a on Amendment form		
2. I	NAME OF PARTY AUTHORIZING THIS AMENDMENT: 5	Same as item 9 on Amendment form		
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R				
	12b. INDIVIDUAL'S SURNAME			
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5. I	Name of DEBTOR (on related financing statement (Name of a cu one Debtor name (13a or 13b) (use exact, full name; do not omit, mo	rrent Debtor of record required for indexing purposes odify, or abbreviate any part of the Debtor's name); se	only in some filing offices – see Instruction Item 13) e Instructions if name does not fit	: Provide onl
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