

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Melisa Alvarez (863) 607-9522																				
B. E-MAIL CONTACT AT FILER (optional) melisa.alvarez@agamerica.com																				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) AGAMERICA LENDING 4030 S PIPKIN ROAD LAKELAND, FL 33811																				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202303070046		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 terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.																				
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: ☐ Debtor or ☐ Secured Party of record. AND Check one of these three boxes to: ☐ CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c. ☐ ADD name: Complete item 7a or 7b, and item 7c. ☐ 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 (6a or 6b). <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a. ORGANIZATION'S NAME AGAMERICA GAI, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">OR 6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME AGAMERICA GAI, LLC				OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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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). <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a. ORGANIZATION'S NAME AGAMERICA AV1, LLC</td></tr><tr><td colspan="4" style="padding: 5px;">OR 7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a. ORGANIZATION'S NAME AGAMERICA AV1, LLC				OR 7b. INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
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7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE																
8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered 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 ☐ and provide name of authorizing Debtor. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a. ORGANIZATION'S NAME AGAMERICA GAI, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">OR 9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME AGAMERICA GAI, LLC				OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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10. OPTIONAL FILER REFERENCE DATA: GALBRAITH TREE FARM, LLC 1472 (SKAGIT COUNTY)																				