

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Melisa Alvarez (863) 607-9522				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> melisa.alvarez@agamerica.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>AGAMERICA LENDING</b> 4030 S PIPKIN ROAD LAKELAND, FL 33811</div>				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 202306070038		<b>1b.</b> <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Aa) <u>and</u> provide Debtor's name in item 13		
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3.</b> <input checked="" type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): 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 <u>and</u> also indicate affected collateral in item 8				
<b>4.</b> <input type="checkbox"/> <b>CONTINUATION:</b> 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				
<b>5.</b> <input type="checkbox"/> <b>PARTY INFORMATION CHANGE:</b> Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
<b>6. CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="border: 1px solid black; padding: 2px;"><b>6a. ORGANIZATION'S NAME</b> AGAMERICA GA1, LLC</div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR 6b. INDIVIDUAL'S SURNAME</b> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div>				
<b>7. CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="border: 1px solid black; padding: 2px;"><b>7a. ORGANIZATION'S NAME</b> AGAMERICA AV1, LLC</div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR 7b. INDIVIDUAL'S SURNAME</b> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 30%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div>				
<div style="border: 1px solid black; padding: 2px;"><b>7c. MAILING ADDRESS</b> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">CITY</div><div style="width: 15%;">STATE</div><div style="width: 20%;">POSTAL CODE</div><div style="width: 25%;">COUNTRY</div></div></div>				
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE:</b> <u>Also</u> check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a <b>DEBTOR</b> , check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="border: 1px solid black; padding: 2px;"><b>9a. ORGANIZATION'S NAME</b> AGAMERICA GA1, LLC</div>				
<div style="border: 1px solid black; padding: 2px;"><b>OR 9b. INDIVIDUAL'S SURNAME</b> <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">FIRST PERSONAL NAME</div><div style="width: 30%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 30%;">SUFFIX</div></div></div>				
<b>10. OPTIONAL FILER REFERENCE DATA:</b> GALBRAITH TREE FARM, LLC 1473 (SKAGIT COUNTY)				