

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br><b>Recording Services</b>                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                          |  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br><b>recordings@gorequire.com</b>                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                          |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div style="border: 1px solid black; padding: 10px; margin: 5px 0;"><b>reQuire Real Estate Solutions</b><br/><b>PO Box 860</b><br/><b>Palm Harbor, Florida 34682</b></div> <div style="text-align: center; font-weight: bold; margin-top: 10px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div> |  |  |                                                                                                                                                                                                                                          |  |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>202106220031</b>                                                                                                                                                                                                                                                                                      |  |  | 1b. <input 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 UCC3Ad) <u>and</u> 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(y) (ies) authorizing this Termination Statement

3. ☐ **ASSIGNMENT:** 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, check ASSIGN Collateral box in Item 8 and describe the 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)

|                                              |                                     |                               |        |
|----------------------------------------------|-------------------------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME                      |                                     |                               |        |
| OR 6b. INDIVIDUAL'S SURNAME<br><b>Dvorak</b> | FIRST PERSONAL NAME<br><b>Jason</b> | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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

|      |       |             |         |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

8. **COLLATERAL CHANGE:** Check only one box: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ 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<br><b>Puget Sound Cooperative Credit Union</b> |                     |                               |        |
| OR 9b. INDIVIDUAL'S SURNAME                                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA:**  
**6945877**