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02/10/2025 08:45 AM	Pages: 1 of 1	Fees: \$303.50
Skagit County Auditor, V	VA	

UCC FINANCING STATEMENT AMENDMENT

S PHONE OF CONTACT AT SUBMITTER (optional) ing Services CONTACT AT SUBMITTER (optional)			
CONTACT AT SUBMITTER (optional)			
nge (d)goroguire com			
ngs@gorequire.com ACKNOWLEDGMENT TO: (Name and Address)			
ire Real Estate Solutions Sox 860 Harbor, Florida 34682			
SEE BELOW FOR SECURED PARTY CONTACT I		THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
FINANCING STATEMENT FILE NUMBER	1b. This Fl	INANCING STATEMENT AMENDMENT is to be filed (for orded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Ar	r record]
90053	(Form	orded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Ar UCC3Ad) <u>and</u> provide Debtor's name in item 13.	mendment Addendum
GNMENT: Provide name of Assignee in item 7a or 7b, and	address of Assignee in item 7c <u>and</u> name of As	signor in item 9	
artial assignment, complete items 7 and 9; check ASSIGN Coll	ateral box in Item 8 and describe the affected o	collateral in item 8	
TINUATION: Effectiveness of the Financing Statement iden onal period provided by applicable law	tified above with respect to the security interest	t(s) of Secured Party authorizing this Continuation State	ment is continued for t
TY INFORMATION CHANGE:			
of these two boxes: AN	D Check one of these three boxes to:		
ge affects Debtor <u>or</u> Secured Party of record	CHANGE name and/or address: Comp item 6a or 6b; and item 7a or 7b and ite	pleteADD name: Complete itemDELETE n em 7c7a or 7b, <u>and</u> item 7cto be delete	ame: Give record nan ed in item 6a or 6b
NT RECORD INFORMATION: Complete for Party Inform	nation Change - provide only <u>one</u> name (6a or 6	6b)	
GANIZATION'S NAME			
IVIDUAL'S SURNAME	FIRST PERSONAL NAME		S) SUFFIX
RDER-BRYAN	JENNIFER		´ I
ED OR ADDED INFORMATION: Complete for Assignment or A		b) (use exact, full name: do not omit, modify, or abbreviate any part of	(the Debtor's name)
GANIZATION'S NAME		, , ,	
IVIDUAL'S SURNAME			
IVIDUAL'S FIRST PERSONAL NAME			
IVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
	CITY	STATE POSTAL CODE	COUNTRY
ADDRESS			
ADDRESS	ADD collateral DELETE c	collateral RESTATE covered collateral	ASSIGN* collater
1000500	CITY		

	NAME OF SECURED PARTY OF RECORD AUTH f this is an Amendment authorized by a DEBTOR, check her	ORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a e and provide name of authorizing Debtor	or 9b) (name of Assignor, if this is an Assignment)		
	9a. ORGANIZATION'S NAME				
	Puget Sound Cooperative Credit Union				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	OPTIONAL FILER REFERENCE DATA: 4214535				
FILI	NG OFFICE COPY - UCC FINANCING STATE				