

Unofficial Document

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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So

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 4869 222 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: AZ Maricopa County

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 20220657202 08/22/2022	1b. <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 UCC3Ad) and provide Debtor's name in item 13.
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement	
3. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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 <u>one</u> of these two boxes: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: CHANGE name and/or address: Complete <input type="checkbox"/> item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b) 6a. ORGANIZATION'S NAME Dividend Solar Finance LLC	
OR 6b. INDIVIDUAL'S SURNAME <input type="text"/> FIRST PERSONAL NAME <input type="text"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>	
7. CHANGED OR ADDED INFORMATION: 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)	
7a. ORGANIZATION'S NAME Crown Asset Management LLC	
OR 7b. INDIVIDUAL'S SURNAME <input type="text"/> INDIVIDUAL'S FIRST PERSONAL NAME <input type="text"/> INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>	
7c. MAILING ADDRESS 3100 Breckinridge Blvd., Suite 725 CITY Duluth STATE GA POSTAL CODE 30096 COUNTRY USA	
8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> 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 <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME Dividend Solar Finance LLC				
OR 9b. INDIVIDUAL'S SURNAME <input type="text"/> FIRST PERSONAL NAME <input type="text"/> ADDITIONAL NAME(S)/INITIAL(S) <input type="text"/> SUFFIX <input type="text"/>				
10. OPTIONAL FILER REFERENCE DATA: 1719P002012465 L22AZ0231579				

4869 222

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
20220657202 08/22/2022

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME
Dividend Solar Finance LLC

OR
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR
13b. INDIVIDUAL'S SURNAME

Huffer FIRST PERSONAL NAME **Kassandra** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN HOME IMPROVEMENT PRODUCTS EQUIPMENT AND FIXTURES (CONSUMER GOODS) LOCATED AT OR INSTALLED ON 1240 West Geronimo Place Chandler AZ 85224 FINANCED BY AND SUBJECT TO DIVIDEND SOLAR FINANCE LLCs PURCHASE MONEY SECURITY INTEREST. IN ADDITION THE SECURITY INTEREST UNOFFICIAL DOCUMENT INCLUDES ALL WARRANTIES AND INSURANCE PROCEEDS ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL AND ANY OTHER ECONOMIC BENEFITS RELATED TO THE COLLATERAL THAT DEBTOR MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE CONSUMER GOODS

15. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
 (if Debtor does not have a record interest):

**Huffer, Kassandra L. 1240 GERONIMO PL
 CHANDLER, AZ 85224 USA**

17. Description of real estate:

LOT 107, OF BLAKEMAN RANCH UNIT 1,
 ACCORDING TO THE PLAT OF RECORD IN THE
 OFFICE OF THE COUNTY RECORDER OF MARICOPA
 COUNTY, ARIZONA, RECORDED IN BOOK 382 OF
 MAPS, PAGE 25; AND, CERTIFICATES OF
 CORRECTIONS RECORDED AS 94-0787622; AND
 RECORDED AS 95-0009690; AND, AS
 95-0778820, ALL OF OFFICIAL RECORDS.
 Property Address: 1240 W GERONIMO PL
 CHANDLER AZ 85224 Maricopa
 Parcel ID: 303-75-107

18. MISCELLANEOUS: