

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>GoodLeap, LLC</div><div></div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>PO Box # 981440</div><div></div></div><div style="display: flex; justify-content: space-between;"><div>El Paso, TX 79998- 1440</div><div></div></div></div> <div style="text-align: center; margin-top: 10px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2023-001854			03/17/2023	
1b. <input checked="" type="checkbox"/> 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.			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement.				
3. <input 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: AND Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete 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)				
<div style="border: 1px solid black; padding: 5px;"><div>6a. ORGANIZATION'S NAME</div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>OR</div><div style="display: flex; width: 90%;"><div style="width: 40%;">6b. INDIVIDUAL'S SURNAME Carr</div><div style="width: 20%;">FIRST PERSONAL NAME Dennis</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div></div>				
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)				
<div style="border: 1px solid black; padding: 5px;"><div>7a. ORGANIZATION'S NAME</div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>OR</div><div style="display: flex; width: 90%;"><div style="width: 40%;">7b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div></div>				
7c. MAILING ADDRESS				
CITY				
STATE				
POSTAL CODE				
COUNTRY				
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:				
<div style="border: 1px solid black; padding: 5px;"><div>9a. ORGANIZATION'S NAME GoodLeap, LLC</div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>OR</div><div style="display: flex; width: 90%;"><div style="width: 40%;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div></div></div>				
10. OPTIONAL FILER REFERENCE DATA: 2305129308 TERM Dennis Carr and Marie Carr				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

2023-001854

03/17/2023

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

12a. ORGANIZATION'S NAME

GoodLeap,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

Carr

FIRST PERSONAL NAME

Dennis

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX):

☐

ITEM 8 (Collateral)

OR

☐

OTHER INFORMATION (Please Describe)

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):

Dennis Carr and Marie Carr

17. Description of real estate:

34312 CASTLE DR, CHILOQUIN, OR, 97624-9604

COUNTY KLAMATH

APN 893468

PINE MEADOW VILLAGE PH 2 TR 1502,
LOT 20, ACRES 2.05



18. MISCELLANEOUS: