

20200402000129110 04/02/2020 12:30:09 PM UCC6 1/2

LICC FINANCING STATEMENT AMENIDMENT

FOLLOW INSTRUCTIONS	1 % 1				
A. NAME & PHONE OF CONTACT AT FILER (optional) KAREN SALPIETRO 323.591.4880	7				
B. E-MAIL CONTACT AT FILER (optional)		-			
ksalpietro@quantafinance.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
QUANTA FINANCE, LLC 4195 E. THOUSAND OAKS BLVD#201 WESTLAKE VILLAGE, CA 91362					
		THE ARO	VE SPACE IS FO	R FILING OFFICE (ISE ON! Y
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING (or recorded) in t			
20190815000298400 08/15/2019					Debtor's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement identified al Statement	bove is terminated v	vith respect to the securi	ity interest(s) of Sec	cured Party authorizin	g this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected			d name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Secured Party	authorizing this Conti	inuation Statement is
5. PARTY INFORMATION CHANGE:		<u>-: </u>		* · · · · · · · · · · · · · · · · · · ·	
1.08CK DDB 10.07856 1800 100 85	<u>one</u> of these three b IANGE name and/or a		ADD name: Comole	te itemDELETE n	ame: Give record name
	The state of the contract of t	المستحدد والمستحدد والمستحدد والمستحدد	7a or 7b, <u>and</u> item 7	c to be delet	ame: Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ct 6a. ORGANIZATION'S NAME	nange - provide only	one name (6a or 6b)	•		
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Infor	metion Change - provide	only one name (7s or 7h) fyse r	avact full name: do not or	nit modify or shbraviate so	v nert of the Debtor's name)
7a. ORGANIZATION'S NAME	intation offerige - provide	Olby one Hame (10 of 10) (03c)	OXBOL, IUII HUIIIC. UO 1151 OI	Tat, model), or aborotion and	y part of the Beston to Hellion
OR 75. INDIVIDUAL'S SURNAME				<u> </u>	
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
		· »			<u>. </u>
8. COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
			 	·	· · · · · · · · · · · · · · · · · · ·
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and providence of the control			a or 9b) (name of As	signor, if this is an Ass	ignment)
9a. ORGANIZATION'S NAME QUANTA FINANCE, LLC					
9b. INDIVIDUAL'S SURNAME	FIRST PERSO	JAL NAME	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:		- 		<u> </u>	



18. MISCELLANEOUS:

Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County Clerk

Shelby County, AL 04/02/2020 12:30:09 PM \$.00 JESSICA 20200402000129110

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	WINSTRUCTIONS					
	IAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ame 08/15/2019	andment for				
<u></u>	12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form					
	ORGANIZATION'S NAME UANTA FINANCE, LLC					
OR						
121	b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·				
	ADDITIONAL NAME(S)/INITIAL(S)					
			THE ABOVE	PACE IS FOR FILING OFFICE USE ONLY		
	me of DEBTOR on related financing statement (Name of a current Debto		•		13): Provide only	
<u></u>	Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreva. ORGANIZATION'S NAME		name); see instruction			
1	TE Housing, LLC, an Indiana limited liabi			······································		
OR 13	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
14 40	DITIONAL SPACE FOR ITEM 8 (Collateral):	पूर्ण के प्रेट कर करते हैं के कि कि कि कि	······································			
14.70	Difformed Moet Office Complete any.					
	•					
		17 December				
15. Thi	S FINANCING STATEMENT AMENDMENT:	· ·	on of real estate:			
16 Nov)	a fixture filing Lot 182	, according to the	he Survey of Stone Creek, I	Phase	
	16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):		Four, as recorded in Map Book37, Page 44, in the Office of			
HTE	Housing, LLC, an Indiana limited liability compan	v the Judg	ge of Probate o	f Shelby County, Alabama.'	ī	
	Keystone Crossing #610A,		J · ·			
	anapolis, IN, 46240					
LHUI						

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		APN NO	o.: 28-3-06-0-00	05-051.000		
		APN NO PROPERT): 28-3-06-0-00 Y 175 Moss St	05-051.000 tone Lane, Calera, AL 3504	0	