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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS		Recorded: 11/6/2024 at 11:27:47.0 AM County Recording Fee: \$17.00 Iowa E-Filing Fee: \$3.00 Combined Fee: \$20.00 Revenue Tax: \$0.00 Delaware County, Iowa		
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fi	ax: 818-662-4141	BK: 2024 F	hindler RECORDER PG: 2797	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - S	SunTrust Bank			
P.O. Box 29071	1509398			
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		THE ABOVE OR	ACE IS FOR FILING OFFICE U	ISE ONLY
File with: Delaware, IA a. INITIAL FINANCING STATEMENT FILE NUMBER	<u> </u>	■ 1b. ★ This FINANCING STATE	EMENT AMENDMENT is to be filed	
32022 P3060 10/11/2022 CC IA Delaware		(or recorded) in the REA Filer: <u>attach</u> Amendment Ac	LESTATE RECORDS Idendum (Form UCC3Ad) <u>and</u> provide De	btor's name in item 13
<ul> <li>TERMINATION: Effectiveness of the Financing Statement identified ab Statement</li> </ul>	pove is terminated with	respect to the security interest(s	s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affectives.		signee in item 7c <u>and</u> name of <i>i</i>	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect to th	ne security interest(s) of Secure	d Party authorizing this Continuation	Statement is
. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	k <u>one</u> of these three boxe CHANGE name and/or ac	ddress: Complete 👝 ADD nai	me: Complete item DELETE nam	e: Give record name
This Change affects Debtor or Secured Party of record in the CURRENT RECORD INFORMATION: Complete for Party Information Cha	tem 6a or 6b; <u>and</u> item 7a inge - provide only <u>one</u>		, <u>and</u> item 7c to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA		ADDITIONAL NAME(S)/INITIAL(S)	
		L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SLAYMAKER	PHILLIP	L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SLAYMAKER  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME	PHILLIP			
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	PHILLIP			
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME	PHILLIP			
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	PHILLIP			
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	PHILLIP			the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	PHILLIP tion Change - provide only of	ne name (7a or 7b) (use exact, full name	e; do not omit, modify, or abbreviate any part o	the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	PHILLIP tion Change - provide only of	ne name (7a or 7b) (use exact, full name	s; do not omit, modify, or abbreviate any part of	the Debtor's name)  SUFFIX  COUNTRY
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	PHILLIP tion Change - provide only of	ne name (7a or 7b) (use exact, full name	s; do not omit, modify, or abbreviate any part of	the Debtor's name)  SUFFIX  COUNTRY

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SLAYMAKER, PHILLIP

101509398 3403381

1. INITIAL FINANCII	NG STATEMENT FILE NUMBER: Same	as item 1a on Amendment for	m	1		
2022 P3060	10/11/2022 CC IA Delaware					
	Y AUTHORIZING THIS AMENDMENT: S	Same as item 9 on Amendmer	t form			
12a. ORGANIZATI	TION'S NAME FINANCE COMPANY, LLC					
SLIVICE	——————————————————————————————————————			4		
DR 12b. INDIVIDUAL'S	S SURNAME			1		
FIRST PERS	ONAL NAME					
ADDITIONAL	NAME(S)/INITIAL(S)		SUFFIX	4		
ABBITIONAL	. TANIME (O) MATTIME (O)		COLLIX	THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
3. Name of DEBTO	PR on related financing statement (Name	of a current Debtor of record re	equired for indexing			
	e (13a or 13b) (use exact, full name; do n					,
13a. ORGANIZATI	ON'S NAME					
R 435 INDIVIDUALIS	O OURNAME	Leibor			LABBITIONAL MANE (OVINITIAL (O)	Louisen
13b. INDIVIDUAL'S SLAYMAKE		PHIL	PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ecured Party Na	HILLIP - 2676 220TH AVE , DEL ame and Address: CE COMPANY, LLC - 555 S FED		:00 , BOCA RA	ΓΟΝ, FL 33432		
ecured Party Na	ame and Address:		200 , BOCA RA	ΓΟΝ, FL 33432		
ecured Party Na	ame and Address:		:00 , BOCA RA	ΓΟΝ, FL 33432		
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ecured Party Na	ame and Address:		200 , BOCA RA	ΓΟΝ, FL 33432		
ecured Party Na	ame and Address:		200 , BOCA RA	ΓΟΝ, FL 33432		
ecured Party Na ERVICE FINAN	ame and Address: CE COMPANY, LLC - 555 S FED  SSTATEMENT AMENDMENT:	DERAL HIGHWAY STE 2	17. Descrij	otion of real estate:		
ecured Party Na ERVICE FINANd	ame and Address: CE COMPANY, LLC - 555 S FED  S STATEMENT AMENDMENT: er to be cut	DERAL HIGHWAY STE 2	17. Descrij		300001620	
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ecured Party Na ERVICE FINAN  5. This FINANCING  covers timbe  Name and addres	ame and Address: ICE COMPANY, LLC - 555 S FED  S STATEMENT AMENDMENT: er to be cut	DERAL HIGHWAY STE 2	17. Descripe Filling PARC	otion of real estate: CEL #: 2203 MAKER	300001620	
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ecured Party Na ERVICE FINAN  5. This FINANCING  covers timbe  Name and addres	ame and Address: ICE COMPANY, LLC - 555 S FED  S STATEMENT AMENDMENT: er to be cut	DERAL HIGHWAY STE 2	17. Descripe filing PARC SLAY 2676 Delhi LEGA SUBE	otion of real estate: CEL #: 2203 MAKER 220th Ave IA	PTION: LOT 3 SANI SW ACRES 2.04	os

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

[ See Exhibit for Real Estate ]

3403381

SERVICE FINANCE COMPANY, LLC File with: Delaware, IA

18. MISCELLANEOUS: 101509398-IA-55 46322 - SunTrust Bank

## **Exhibit for Real Estate**

17. Description of real estate: Continued

DEED REF #: 2017-1826 06/29/2017