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CC FINANCING STATEMENT AMENOLLOW INSTRUCTIONS  A NAME & PHONE OF CONTACT AT FILER (optional) Name Wolters Kluwer Lien Solutions Phone 800-33*  B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	IDMENT				
Name Wolters Kluwer Lien Solutions Phone 800-33  B E-MAIL CONFACT AT FILER (optional)	<u> </u>				
E-MAIL CONFACT AT FILER (optional)	1 2282 Eav. 010 66	2.4141			
uccfilingreturn@wolterskluwer.com	1-3202 FAX. 010-00	2-4141			
SEND ACKNOWLEDGMENT TO: (Name and Address)					
	45416 - Dedicated	<u> </u>			
Lien Solutions P.O. Box 29071	72450271				
Glendale, CA 91209-9071	RIRI				
File with: Secretary of State,	RI			OR FILING OFFICE US ENDMENT is to be filed [for	
01921689930 10/15/2019 SS RI		(or recorded) n	the REAL ESTATE	RECORDS m UCC3Ad) and provide Debt	•
TERMINATION Effectiveness of the Financing Statement of Statement	dentified above is termin	ated with respect to the security i	nterest(s) of Secure	d Party authorizing this Te	ermination
ASSIGNMENT (full or partial) Provide name of Assignee in For partial assignment, complete items 7 and 9 and also inc	ritem 7a or 7b, and add	ess of Assignee in item 7c and i	name of Assignor in	ilom 9	
CONTINUATION Effectiveness of the Financing Statement continued for the additional period provided by applicable lait.	identified above with re		Secured Party aut	nonzing this Continuation S	Statement is
PARTY INFORMATION CHANGE.	-			<u></u>	
oneck one of a sense two toxes	AND Check one of these	three boxes to cand/or address. Complete	ADD name Comple	teken DELEJE same	Give record nar
This Change affects Debior or Secured Party of record  CURRENT RECORD INFORMATION Complete for Party Inform	Jitem 6a or 6b, ş	rd item 7a or 7b and item 7c.	7a or 7b, and item 7		
6+ CROANIZATION'S NAME	nalio Change - provide	only one name (6a or 6b)			
Hoffman Engineering, Inc.	Teinne			<del></del>	
OF HEAVENING A SURVINGE	FIRST	PERSONAL NAME	KOITICOA	VAL NAME(S)TINITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION, Complete for Assignment or	Party Information Change - pr	wide only one inamii (7a or 75) (use exac	t full name do not omit,	nexify, or ubbreviate any part of th	e Debtočs namir)
74 ORGANIZATION'S NAME TOF National Bank					
R 76 INDIVIDUAL'S SURNAME			<del></del>		
INDIVIDUAL'S FIRST PERSONAL NAME					
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			STATE	POSTAL CODE	COUNTRY
: MAILING ADDRESS	CITY				

	NITIAL FINANCING STATEMENT FILE NUMBER Same as ite 921689930 10/15/2019 SS RE	m 1a on Amendment form			
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same	as item 9 on Amendment form			
	123 ORGANIZATION'S NAME Dedicated Funding LLC				
OR	125 INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ACDITIONAL NAME(SYINITIAL(S)	SUF	÷ix		
12	Number of the CHANG and all the Change of th			OVE SPACE IS FOR FILING OFFICE U	
13	Name of DEBTOR on related financing statement (Name of a ci one Debtor name (13a or 13b) (use exact, full name; do not om	urrent Debtor of record required fo hit, modify, or abbreviate arry part o	ir indexing purposes only of the Debtor's name), see	in some filing offices - see Instruction iter e Instructions if name does not fit	n 13): Provide on
	134 ORGANIZATIONS NAME Hoffman Engineering, Inc.	· ,			
OR	HAAR US S'JAL CIVIDNI GET	FIRST PERSONAL	NAME	ADDITIONAL NAME (SYNITIAL(S)	SUFFIX
TCF	icated Funding LLC - 860 East 4500 South Ste 312 National Bank - 11100 Wayzata Blvd , Minnetonka	, MN 55305			
	This FINANCING STATEMENT AMENDMENT		f. Description of real esta		