RI SOS	Filing Number: 202	2023163650	Date	e: 7/8/2020	10:55:00) AM			
LICC FINANCING	STATEMENT AMEN	IDMENT							
FOLLOW INSTRUCTIONS									
	ONTACT AT FILER (optional) Lien Solutions Phone 800-33	1-3282 Fax: 818-6	562-4141						
B. F-MAIL CONTACT AT F uccfilingreturn@wol	•								
C. SEND ACKNOWLEDGN	MENT TO (Name and Address)		-						
Lien Solutions P.O. Box 29071		7577732	9 🗍						
Glendale, CA 91	209-9071	RIRI							
11			1						
	File with: Secretary of State,	RI		THE ABO	VE SPACE I	S FOR F	LING OFFIC	E USE	ONLY
1a INITIAL FINANCING STAT 201718459090 8/21/			11	Cor recorded) in	the REAL EST	ATE REC	ORDS	•	·
2 TERMINATION: Effects Statement	veness of the Financing Statement a	dentified above is terri	rinated with re		indment Addendur interest(s) of Sc				
3 X ASSIGNMENT (full or p For partial assignment,	partial). Provide name of Assignee in complete items 7 and 9 <u>and</u> , also in	n item 7a or 7b, <u>and</u> a dicate affected collate	ddress of Ass ral in item B	ignee in item 7c and	name of Assign	or in item	9		
4. CONTINUATION Effections on the additional continued for the additional	diveness of the Financing Statement onal period provided by applicable la	tidentified above with sw	respect to the	secunty interest(s) o	of Secured Party	y authorizin	ig this Continua	ition Sta	lement is
5 [] PARTY INFORMATION		AND Church com of the	and the same						
Check ggg of these two boxe This Change affects Del	s btori <u>or</u> [] Secured Party of record	AND Check one of the	ime and/or add	iress Complete .	ADD nume Co	implete iter	DELETE		live record name
	RMATION Complete for Party Inform	*****		or 7b <u>and</u> item 7c ame (6a or 6b)	7a or 7b, <u>and</u> 6	em 7c	to be dete	(ec mia)	m 6a or 65
6a ORGANIZATION'S NAME	·		,	<u></u>			•		
OR 66 INDIVIDUAL'S SURNAME	NT'S ENTERPRISES. LL(·	ST PERSONAL	B #845	LADI	MICAIAL AL	AME(S) INITIAL;S		SUFFIX
	•	18.	51 PE-130/AM	ivom;	1	OTTIONAL IN	ME(S) WITHE, S	,	SOFFIX
	FORMATION: Complete for Assignment or	Party information Change -	provide only gas	name (7a or 7b). (use exa	ict, full name, do not	omił, modify	or abore mate any p	ert of the C	leblor's name)
74 ORGANIZATIONS NAME FIRST FINANCIA									
OR 75 INDIVIDUAL'S SURNAMI				<u>.</u>					
IND VIDUAL'S FIRST PE	RSONAL NAME								
INSTANDUAL'S ADDITION	IAL NAME(SPINITIAL(S)								SUFFIX
/c MAILING ACCRESS		cr	Υ	·	STA	TE POS	TAL CODE		COUNTRY
One First Financial Plz		Te	erre Haute		IN	47	807		USA
8. COLLATERAL CHANG	GE Also check one of these four	boxes. ADD col:	ateral :	DELETE collateral	REST	ATE cover	ed collateral	∐ AS	SSIGN collateral
Indicate collateral									

9, NAME OF SECURED PARTY OF RECORD AUTHOR	_	(9a or 9b) (name of Assignor, if this is an Assigni	nert)
If this is an Amendment authorized by a DEBTOR, check here gal CRGANIZATION'S NAME	and provide name of authorizing Deptor		
C T Corporation System, as representative			
95 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITKINAL NAME(SYNITIAL(S)	SUFFIX

10 OPTIONAL FILER REFERENCE DATA: Debtor Name, PENNY & VINCENT'S ENTERPRISES, LLC

75777329

201718459090 8/21/2017 SS RI	as item 1a on Amendment form		
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT S	Same as item 9 on Amondment form		
126 ORGANIZATIONS NAME C T Corporation System, as representat	ive		
OR			
126 INDIVIDUAL S SURNAME			
FIRST FERSONAL NAME			
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
 Name of DEBTOR on related financing statement (Name one Deptor name (13a or 13b) (use exact, full name; doir 			13) Provide only
PENNY & VINCENT'S ENTERPRISES.	LLC		
OR 136 IND VIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(Symitial(S)	SUFFIX
	1		
15. This FINANCING STATEMENT AMENDMENT covers limber to be cut covers as-extracted co 16. Nathe and address of a RECORD OWNER of real estate (if Debtor does not have a record interest)	s fled as a fixture filing	on of real estate	