•	
•	
•	
•	
•	
•	
•	
•	
•	
•	

	RI SOS Filing Number: 20)2227251:	270 Da	te: 7/19/2022 2:14	1:00 F	ľΜ	
	CC FINANCING STATEMENT AME	NDMENT					
A.	NAME & PHONE OF CONTACT AT FILER (optional) ime: Wolters Kluwer Lien Solutions Phone: 800-3	31_3282 Fav: 5	918 662 4141	ן			
_	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com			1			
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	53300 - Wells	s Farno	-			
H	 Lien Solutions	87707	\neg				
! '	P.O. Box 29071		904				
ļ	Glendale, CA 91209-9071	RIRI					
1	<u></u>						
L	File with: Secretary of State INITIAL FINANCING STATEMENT FILE NUMBER	e, RI				OR FILING OFFICE US	
	1920990190 4/17/2019 SS RI			(or recorded) in the REAl	LESTATE	ENDMENT is to be filed [fo RECORDS m UCC3Ad] <u> and </u> provide Deblo	•
2. [TERMINATION Effectiveness of the Financing Statemen Statement	t identified above i	s terminated with				
3 [ASSIGNMENT (full or partial). Provide name of Assignee For partial assignment, complete items 7 and 9 and also	in item 7a or 7b, a indicate affected c	ind address of Assoliateral in item 8	signee in item 7c and name of A	ssignor in	item 9	
4. [CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable	int identified above law	with respect to th	e security interest(s) of Secured	Party aut	honzing this Continuation S	latement is
5. J	PARTY INFORMATION CHANGE:	_			_		
	Check <u>one</u> of these two boxes:		of these three boxe GE name and/or ad a or 6b, <u>and</u> item 7a		ne Compte	ele ilem DELETF name	Give record name
_	his Change affects Dobtor or Secured Party of record URRENT RECORD INFORMATION Complete for Party Info				und item 7		
	6# ORGANIZATION'S NAME		•	name (de di de)		_	
OR	WELLS FARGO BANK, NATIONAL ASSO	CIATION, AS			T		
	The Mountain State of the Control of		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
7. 0	HANGED OR ADDED INFORMATION Complete for Assertment	or Party Information Ch.	ange - provide only on	e name (7a or 7b) (use exact, full name,	do not omit.	modify, or abbievuile any part of the	Debtor's nierse)
	70 ORGANIZATIONS NAME WELLS FARGO BANK, NATIONAL ASSO	CIATION, AS	SAGENT			<u> </u>	
OR	76 INDIVIDUAL'S SURNAME					•	
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	<u> </u>					SUFFIX
				•			İ
	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1 R	COLLATERAL CHANCE Alternations of the control of th	[]	Los Angeles		CA	90067	USA
۰۱	☐ COLLATERAL CHANGE Also check one of these four Indicate collateral	irboxes L_IADD	O collateral	_ DELETE collateral	RESTATE	covered collateral A	SSIGN collateral
	more consisting						
9, N	AMF OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AME	ENDMENT Prov	vide only one name (9a or 9b) (na	ame of Ass	eignor, if this is an Assignmen	nt)
If	this is an Amendment authorized by a DEBTOR, check here	and provide r	name of authorizing	Debtor		 	
	WELLS FARGO BANK, NATIONAL ASSO	CIATION, AS	SAGENT				
OR	96 INDIVIQUAL'S SURNAME		FIRST PERSONAL	NAME	OTICUA	VAL NAME(SYINITIAL(S)	SUFFIX
10	DPTIONAL FILER REFERENCE DATA: Debtor Name: I	MEGARIJE SO	I THIMEST !!		<u> </u>		<u> </u>
	07904	**************************************	OTTIVVEST, LL				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	OW INSTRUCTIONS	CIA I ADDEND) LA1		
	TIAL FINANCING STATEMENT FILE NUMBER Same as item 1a c	on Amendment form			
	20990190 4/17/2019 SS RI				
_	AME OF PARTY AUTHORIZING THIS AMENDMENT. Same as iter	n 9 on Amendment form			
-	17A ORGANIZATION'S NAME WELLS FARGO BANK, NATIONAL ASSOCIATIO	ON, AS AGENT			
OR	26 INDIVIOUAL'S SURNAME				
-	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYMITIAL(S)	Su	FFIX		
_		<u>.</u>		THE ABOVE SPACE IS FOR FILING OFFICE USE	
9	ame of DEBTOR on related financing statement (Name of a current Debtor name (13a or 13b) (use exact, full name, do not omit, mor 3a. ORGANIZATIONS NAME	Debtor of record required dify, or abbreviate any part	or indexing purpo: of the Debtor's na	ses only in some filing offices - see Instruction item ime), see Instructions if name does not fit	13): Provide only
	MEGABUS SOUTHWEST, LLC				
	36 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
Debt MEG Security WEL	DITIONAL SPACE FOR ITEM 8 (Collateral). or Name and Address: ABUS SOUTHWEST, LLC - 160 STATE ROUTE 17 NO red Party Name and Address: LS FARGO BANK, NATIONAL ASSOCIATION, AS AGI us FINANCING STATEMENT AMENDMENT. covers timber to be cut	ENT - 1800 Century F			
	covers timber to be cut covers as-extracted colfateral ime and address of a RECORD OWNER of real estate described in Debtor does not have a record interest).	is filed as a fixture filing item 17			