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JCC FINANCING STATE	MENT AMENDME	NT				
OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT F	Ell ED (optional)		ד			
Name: Wolters Kluwer Lien Solutio		Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (option uccfilingreturn@wolterskluwer.	• •					
C. SEND ACKNOWLEDGMENT TO: (N	ame and Address) 16554 -	NextGear Capital				
Lien Solutions	91	073835				
P.O. Box 29071 Glendale, CA 91209-9071	RIF	•				
1	IXII	NI .				
File with: S	Secretary of State, RI		THE ABOVE SP	ACE IS F	OR FILING OFFICE U	SE ONLY
a. INITIAL FINANCING STATEMENT FILE 00806155700 4/9/2008 SS F			(or recorded) in the RE	AL ESTATE	IENDMENT is to be filed (f RECORDS rm UCC3Ad) and provide Dec	•
TERMINATION: Effectiveness of the Statement	Financing Statement identified a	bove is terminated with				
ASSIGNMENT (fu'll or partial) Provide For partial assignment, complete item	o name of Assignee in item 7a or is 7 and 9 grid also indicate affe	r 7b, <u>and</u> address of As coted collateral in item 8	signee in item 7c and name of	Assignor in	item 9	
CONTINUATION. Effectiveness of the continued for the additional penod pro	e Financing Statement identified		ne security interest(s) of Secure	ed Party au	honzing this Continuation	Statement is
PARTY INFORMATION CHANGE	Wided by applicable law	· · .				·-
Check one of these two boxes		ck one of these three boxe		_		
This Change affects Deblor or Sec	cured Party of record	CHANGE name and/or ac item 6a or 6b, and item 7a	Idress Complete ADD na a or 7b <u>and</u> item 7c 7a or 7i	ime Compl b. <u>and</u> item	ele item DELETE name 7c to be deleted in	
CURRENT RECORD INFORMATION Co	mplete for Party Information Ch.	ange - provide only <u>one</u>	name (6a or 6b)			
DEALER SERVICES CORP	PORATION					
OR 66 INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIC	NAL NAME (SYNITIAL(S)	SUFFIX
L. CHANGED OR ADDED INFORMATION	Complete for Assignment or Party Inform	ulion Change - provide only o	e name (7a or 7b) (use exact lu linum	e do not omit	modify, or abbreviate any part of the	he Deblor's rume)
7# ORGANIZATION'S NAME						
NEXTGEAR CAPITAL, INC	· ————————————————————————————————————	<del></del>				
TO INDIVIDUES SOLUTIONE						
INDIVIDUAL'S FIRST PERSONAL NAME						
INUSSEMAN JANOITIONA S'JACCIVICNI	TIAL (C)					Louesia
individual to the management	154(3)					SUFFIX
C MAILING ADDRESS	~ <del>~</del>	CITY		STATE	POSTAL CODE	COUNTRY
11799 North College Avenue		CARMEL		IN	46032	USA
COLLATERAL CHANGE Also the	eck one of these four boxes	_! ADD collateral [	DELETE collateral	RESTATE	covered collateral	ASSIGN collater
Indicate collateral						
NAME OF SECURED PARTY OF RE				(name of As	signor, if this is an Assignm	ent)
If this is an Amendment authorized by a DE 9# ORGANIZATION'S NAME	.BTOR, check here and pri	ovide name of authorizin	g Debtor			
DEALER SERVICES CORF	PORATION					
96 INDIVIDUAL S SURNAME	<del></del>	FIRST PERSONAL	, NAME	OTTIGOA	NAL NAME(SYNITIAL(S)	SUFFIX
			· <u></u>			
0 OPTIONAL FILER REFERENCE DATA. 1073835	Debtor Name: Mkrtchian, 127	, Gagik			40921	
1010000	141				4U9Z I	

RI SOS Filing Number: 202328408320 Date: 1/30/2023 1:20:00 PM

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS	NOMENT ADDE	100111			
11. i	NITIAL FINANCING STATEMENT FILE NUMBER: Same as	item 1a on Amendment form		7		
	806155700 4/9/2008 SS RI					
12.	NAME OF PARTY AUTHORIZING THIS AMENOMENT San	ne as item 9 on Amendment f	orm	1		
	124 ORGANIZATION'S NAME			1		
	DEALER SERVICES CORPORATION			4		
OR				_		
0.1	120 INDIVIDUAL'S SURNAME					
	FIRS' PERSONAL NAME			1		
	(2) JAITINIKS) SMAA JAAOITIOCA		SUFFIX	1		
					SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name, do not	a current Debtor of record req omit, modify, or abbreviate ar	uired for indexing by part of the Det	g purposes only in soi blor's name); see Inst	me filing offices - see Instruction item ructions if name does not fit	13) <sup>.</sup> Provide only
	133 ORGANIZATION'S NAME				·	
OR	136 INDIVIDUAL'S SURNAME	I riper pri	RSONAL NAME		ADDITIONAL NAME (SYNITIAL (S)	SUFFIX
	Mkrtchian	Gagik			ADDITIONAL NAME (SYNTHAL(S)	SOFFIX
Sec	porate One Auto Sales - 1769 Cranston Street , Cured Party Name and Address: (TGEAR CAPITAL, INC 11799 North College A			ption of real estate		
16	covers timber to be cut. Covers as-extracted collate Name and address of a RECORD OWNER of real estate desir Debtor does not have a record interest)					
18	MISCELLANEOUS 91073835-RI-0 16554 - NextGear Capital	DEALER SERVICES	CORPORATION	File with Secretary of:	State, RI 127 40921	<del></del>