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RI SOS Filing Number: 2023298	45070 Dat	e: 11/7/2023 2:30	:00 PM	
<u> </u>				
UCC FINANCING STATEMENT AMENDMEI	NT			
FOLLOW INSTRUCTIONS	14 1			
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		1		
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 F	ax: 818-662-4141			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 52145 -	AUTOMOTIVE			
Lien Solutions 95	858921			
P.O. Box 29071	•			
Glendale, CA 91209-9071 RIR	i.			
File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFO	IRMATION	THE AROVE SPA	CE IS FOR FILING OFFIC	E LISE ONLY
12. INITIAL FINANCING STATEMENT FILE NUMBER		<u> </u>	MENT AMENDMENT is to be fi	
201920736220 2/11/2019 SS RI		(or recorded) in the REAL Filer <u>attach</u> Amendment Add	. ESTATE RECORDS endum (Form UCC3Ad) <u>and</u> provid	e Debtor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement identified al Statement 	bove is terminated with i	espect to the security interest(s)	of Secured Party authorizing t	his Termination
ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affections.		ignee in item 7c <u>and</u> name of A	ssignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to th	u secunly interest(s) of Secured	Party authorizing this Continua	ation Statement is
5. X PARTY INFORMATION CHANGE			••	
Check one of these two boxes AND Check	ck <u>one</u> of these three boxe			
This Change affects Deblor or Secured Party of record	CHANGE name and/or ad item 6a or 6b, <u>and</u> item 7a	or 7b and stem 7c ADD nam		name: Give record name sted in item 6a or 6b
6. CURRENT RECORD INFORMATION Complete for Party Information Cha	ange - provide only <u>one</u> i	name (6a or 6b)		
6# ORGANIZATION'S NAME AUTOMOTIVE FINANCE CORPORATION				
OR 60 INDIVIDUAL'S SIMMME	T FIRST PERSONAL	NAME	ADDITIONAL NAME(SYMITIAL(S	S) SUFFIX
				,
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informa	Lition Change - provide only on	n name (7a or 7b) (use exuct full name.	do not omit, modify, or abbreviate any p	art of the Debtor's name)
74 ORGANIZATION'S NAME				
AUTOMOTIVE FINANCE CORPORATION				
76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUALS FINANT (NOTICE TO THE CONTROL OF THE CO				
INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)				SUFFIX
/c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
11299 N. ILLINOIS STREET	CARMEL		IN 46032	USA
B. COLLATERAL CHANGE Check only one box:	ADD collateral	DELETE collateral [_] R	ESTATE covered collateral	ASSIGN* collatera
Indicate collateral *C	CHIRTE ASSIGN COLLATERAL OF	y if the assignee's power to amend the recor	d is 1 m ted to certain cultureral and describ	rethe collateral in Section 8
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS			ame of Assignor, if this is an Ass	signment)
If this is an Amendment authorized by a DEBTOR, check here and proga ORGANIZATION'S NAME	ovide name of authorizing	DR010t		
AUTOMOTIVE FINANCE CORPORATION				
96. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(SYNITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor Name: AUTOLAN	ID, INC.	· · ·	-	
35959021 560221			CD ALITOLAND	1110

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
11. INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form 201920736220 2/11/2019 SS RI						
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Amendment form				1		
	12a. ORGANIZATION'S NAME			1	•	
AUTOMOTIVE FINANCE CORPORATION						
OP						
OR 126 INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME					
	•]		
	ADDITIONAL NAME(SYMITTAL(S)		SUFFIX			
13.	Name of DEBTOR on related financing statement (Name of a current D	ebtor of record rea	uired for indexing		SPACE IS FOR FILING OFFICE US ne filing offices - see instruction item	
	one Debtor name (13a or 13b) (use exact, full name; do not omit, modif	fy, or abbreviate ar	ny part of the Deb	tor's name); see Instr	uctions if name does not fit	,
	130 ORGANIZATION'S NAME AUTOLAND, INC.					
OR	136 INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME		ADDITIONAL NAME(SYNITIAL(S) SUFFI	
	ADDITIONAL SPACE FOR (CHECK ONE BOX)	ITEM 8 (Collat	eral) OR	DOTHER INFOR	MATION (Please Describe)	•
	tor Name and Address: 'OLAND, INC 653 TIOGUE AVENUE , COVENTRY, RI	02816				
Sec	ured Party Name and Address:					
	OMOTIVÉ FINANCE CORPORATION - 11299 N. ILLING	STREET, C	ARMEL, IN 46	6032		
15	This FINANCING STATEMENT AMENDMENT		17 Descrio	tion of real estate.		
•••		s filed as a fixture f	1 '	and of tem esame.		
	Name and address of a RECORD OWNER of real estate described in it if Debtor does not have a record interest):	lem 17				
•	,					
18.	MISCELLANEOUS 95858921 RI 0 52145 AUTOMOTIVE FINANCE C	AUTOMOTIVE FINA	NCE	File with Secretary of S	itate, RI 569331 SR AUTOLAND,	INC