| | CC FINANCING STATEMENT | AMENDMENT | | | | | · | |
|------|---|--|---|--|--|---|--|--|
| | NAME & PHONE OF CONTACT AT SUBMITTE | | 18-662-4141 |] | | | | |
| ⇤ | E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com | | | | | | | |
| C. | SEND ACKNOWLEDGMENT TO: (Name and A | ddress) 22201 - DELL | FINANCIAL | | | | | |
| [| Lien Solutions P.O. Box 29071 | 10098 | 6151 | | | | | |
| | Glendale, CA 91209-9071 | RIRI | | | | | | |
| l | File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY | CONTACT INFORMA | тюн | THE ABOV | E SPACE IS F | OR FILING OFFICE | USE ONLY | |
| - | INITIAL FINANCING STATEMENT FILE NUMBER 1414393580 10/16/2014 SS RI | | 1 | (or recorded) in th | IN REAL ESTATE | | • | |
| 2. [| TERMINATION Effectiveness of the Financing S Statement | tatement identified above is | lerminated with r | | | em UCC3Ad) and provide ad Party authorizing th | | |
| 3 [| ASSIGNMENT (full or partial). Provide name of A For partial assignment, complete items / and 9 ai | | | gnee in item 7c and nar | me of Assignor in | item 9 | -, | |
| 4 [2 | CONTINUATION Effectiveness of the Financing continued for the additional period provided by ap | Statement identified above | | e security interest(s) of S | Secured Party aut | horizing this Continual | ion Statement is | |
| τ | PARTY INFORMATION CHANGE Check one of these two boxes This Change affects Deblor or Secured Party of URRENT RECORD INFORMATION Complete for Figure ORGANIZATIONS NAME | f record CHANG item 6a Party Information Change | of these three boxe 3E name and/or ad- or 6b, <u>and</u> item 7a provide only <u>one</u> r | dress Complete A or 75 and item 7c 7. | DD name Compl a or 7b, <u>and</u> dem | ele der: DELETE ra fc to be divided | nme. Give record name id in item 6a or 6b | |
| OR | THE ALPINE COUNTRY CLUB, INC | | FIRST PERSONAL | NAME | OITICCA | NAL NAME(SYNITIAL(S) | SUFFIX | |
| 7.0 | HANGED OR ADDED INFORMATION, Complete for A | commence (Commence of Commence | | | | | | |
| | 7a ORGANIZATION'S NAME | 2-10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | - F. D. WOLLEY <u>2-</u> | to with any one to the same of the | | modey of stockership is y an | : or the Debtor's name) | |
| OR | 76 INDIVIDUAL'S SURNAME | | | . | | <u></u> | | |
| | INDIVIDUAL S FIRST PERSONAL NAME | <u> </u> | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| ļ | INDIVIPUAL'S ADDITIONAL NAME(S)INITIAL(S) | | | | | | | |
| /c | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | |
| _ | | | | 1 | | <u> </u> | | |
| 8. | COLLATERAL CHANGE <u>Check only one</u> box Indicate collateral | | - | JIDELETE collateral if the assignee's power to amend | | covered collateral ordina acceptate | L J ASSIGN* collatera | |
| | IAME OF SECURED PARTY OF RECORD At this is an Amendment authorized by a DEBTOR, check | | NDMENT Prov | | r 9b) (name of As | signor, if this is an Assk | ;nment) | |
| | 9J CRGAN ZATIONS NAME Dell Financial Services L.L.C. | | | | <u></u> . | | | |
| OR | 96 INDIVIDUAL'S SURNAME | | FIRST PERSONAL | NAME | ADD:TIO | NAL NAME(SYNITIAL(S) | SUFFIX | |
| | DPTIONAL FILER REFERENCE DATA Debtor N 1986151 15 | lame: THE ALPINE Co | DUNTRY CLU | B. INC. | | 553425-4586 | | |

RI SOS Filing Number: 202431095280 Date: 10/3/2024 9:07:00 AM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| FO | LOWINSTRUCTIONS | | 352.1150III | | | |
|-----|--|---|---|---|--|---------------------|
| | NITIAL FINANCING STATEMENT FILE NUMBER. Same as itel 414393580 - 10/16/2014 - SS RI | m 1a on Amendme | ent form | 7 | | |
| | NAME OF PARTY AUTHORIZING THIS AMENDMENT Same | 4 | | | | |
| 12 | 12a ORGANIZATION'S NAME | 4 | | | | |
| | Dell Financial Services L.L.C. | | | | | |
| | | | | | | |
| OR | 12b INDIVIDUAL'S SURNAME | 1 | | | | |
| | FIRST PERSONAL NAME | 1 | | | | |
| | ADDITIONAL NAME(SYMITIAL(S) | <u></u> | SUFFIX | 1 | | |
| _ | | <u> </u> | | | SPACE IS FOR FILING OFFICE US | |
| 13. | Name of DEBTOR on related financing statement (Name of a co one Debtor name (13a or 13b) (use exact, full name, do not om | rrent Debtor of rec it, modify, or abbre | cord required for indexing eviate any part of the De | g purposes only in sor btor's name), see insti | me fling offices - see Instruction item fuctions if name does not fit | i 13): Provide only |
| | THE ALPINE COUNTRY CLUB, INC. | | | | - | |
| OR | 135 INDIVIDUAL'S SURNAME | FI | FIRST PERSONAL NAME | | ADDITIONAL NAME (SYMITIAL(S) | SUFFIX |
| | ADDITIONAL SPACE FOR (CHECK ONE BOX) | .⊒ ITEM 8 | 8 (Collateral) OR | DTHER INFOR | MATION (Please Describe) | |
| | tor Name and Address: EALPINE COUNTRY CLUB, INC - 251 Pippiri Orch | ard Poad CP | ANSTON DIGGGG | | | |
| 15. | his FINANCING STATEMENT AMENDMENT | | 17 Descrip | otion of real estate | | |
| | covers limber to be cut covers as-extracted collateral fame and address of a RECORD OWNER of real estate described for does not have a record interest) | oed in item 17 | fixture filing | File with Secretary of S | :210, RI 15 553425-4586 | |
| | The second secon | | | : 20 m or Occuracy Oca | | |