

Su transacción se ha completado con éxito con el Departamento de Licencias del Estado de Washington. Este es el único acuse de recibo que recibirá. Imprima este recibo para su registro. Luego, haga clic en "Ver presentación" e imprima su acuse de recibo.

UCC3 Recibo de la Declaración de Financiamiento Enmendada - Garantía de Enmienda

Número de expediente	202	1-9
Fecha/Hora del Archivo	5/9/2024	11:00 a. m.
Fecha de caducidad	NINGUNO	
Número de registro inicial	2024-	
Oficina de archivo	Departamento de Asuntos Exteriores de Washington	
Estado del archivo	Aceptado	
Monto de la tarifa (\$US)	\$31.00	

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<p>A. NAME & PHONE OF CONTACT AT FILER (optional) c/o,</p> <p>B. E-MAIL CONTACT AT FILER (optional)</p> <p>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>da@re : A re-Solanes@re</p> <p>Non-Domestic / Non-Assumpsit</p> <p>ES [re 00]</p> </div>	<p>Date of Filing : 09/05/2024 Time of Filing : 04:30 AM File Number : 26 Lapse Date : NONE</p> <p style="text-align: center;">THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</p>								
<p>1a. INITIAL FINANCING STATEMENT FILE NUMBER 2024-1-5</p>	<p>1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</p>								
<p>2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement</p>									
<p>3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</p>									
<p>4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law</p>									
<p>5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check one of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check one of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</p>									
<p>6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)</p> <p>6a. ORGANIZATION'S NAME</p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">6b. INDIVIDUAL'S SURNAME</td> <td style="width: 20%;">FIRST PERSONAL NAME</td> <td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 20%;">SUFFIX</td> </tr> </table>		6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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<p>7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)</p> <p>7a. ORGANIZATION'S NAME</p> <p>OR</p> <p>7b. INDIVIDUAL'S SURNAME</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</td> <td style="width: 20%;">SUFFIX</td> </tr> <tr> <td colspan="2">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td> </tr> </table>		INDIVIDUAL'S FIRST PERSONAL NAME	SUFFIX	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
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<p>7c. MAILING ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">CITY</td> <td style="width: 10%;">STATE</td> <td style="width: 10%;">POSTAL CODE</td> <td style="width: 40%;">COUNTRY</td> </tr> </table>		CITY	STATE	POSTAL CODE	COUNTRY				
CITY	STATE	POSTAL CODE	COUNTRY						
<p>8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check one of these four boxes: <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:</p> <p>The following property is accepted for Value, exempt from levy, and herewith Registered in the Commercial Chamber and is Private Property (conveyance) of the Secured Party as Authorized Representative of the DEBTOR, Papers of Instruments; any/all Documents are now Public Record and is owned by Secured Party. Secured Party which must be satisfied in full upon dishonor via Settlement Agreement via Certified Check and/or Certified Documents of Claim. Continued on AS 050119.</p>									
<p>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</p> <p>9a. ORGANIZATION'S NAME</p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">9b. INDIVIDUAL'S SURNAME</td> <td style="width: 20%;">FIRST PERSONAL NAME</td> <td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 20%;">SUFFIX</td> </tr> <tr> <td>re-Solanes@re</td> <td>da@re</td> <td></td> <td></td> </tr> </table>		9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	re-Solanes@re	da@re		
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re-Solanes@re	da@re								
<p>10. OPTIONAL FILER REFERENCE DATA: SCHEDULE A, CONTINUATION FROM 8, NOTICE HAS BEEN GIVEN TO EACH AND EVERY PARTY. Without Prejudice. UCC 1-308. :Esmeralda@re :Alegre-Solanes@re, as Secured Party Creditor</p>									