16028657186

From: Issis Gonzale

FILED: JUL 31, 2024 02:54 PM OREGON SECRETARY OF STATE



PF

LIEN NO.

96. INDIVIDUAL'S		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Citibank,						
9a, ORGANIZATIO	ent authorized by a DEBTOR, check hera N'S NAME	and provide name of authorizing	Depto			,
	RED PARTY OF RECORD AUTHOR			b) (name of Assign	or, if this is an Assignment)	
		•				
				,		
		•				
Indicate collater	alt.	*Check ASSIGN COLLATERAL	Lonly if the assignee's power to ame	and the record is limited t	o certain collateral and describe the	collateral in Section
COLLATERAL	. CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE C	overed collateral	ASSIGN' colla
388 Greer	wich Street, Trading 4t	h Floor New Yo	ork	NY	10013	USA
. MAILING ADDRES		CITY		STATE	POSTAL CODE	COUNTRY
INDIVIDUALS	ADDITION OF THE PROPERTY OF TH					001110
(NDI/ADITAL .e	ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
INDIVIDUALS	FIRST PERSONAL NAME					
7b. INDIVIDUAL'S		-				
	lable Depositor LLC				•	
CHANGED OR A	DDED INFORMATION: Complete for Assignm	ent or Party Information Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, fi	uli name; do noi smit, mo	edity, or abbreviate any part of the C	Debtor's name)
					•	
6b. INDIVIDUAL'S		FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Citibank,						
6a, ORGANIZATIO	ORD INFORMATION: Complete for Party I N'S NAME	intormation Change - provide only o	ne name (6a or 6b)			
This Change affects		CHANGE name and/or licem 6a or 6b; and item	17a or 75 <u>and</u> item 7c	a or 7b, and item 7	to be deleted in	
Check <u>one</u> of these t	no boxes:	AND Check one of these three b		ADD name: Comple	ete itemDELETE name	· Give re
PARTY INFO	RMATION CHANGE:					
	provided by applicable law	ниенниво авоче чліп respect to the	: security interest(s) of Securi	su rany aumonzing	uns Commusion Statemen	i is continued (C
	DN: Effectiveness of the Financing Statemen				this Coolingstine Conservation	Lin continue of
	. Provide name of Assignee in item 7a or 7b, nment, complete items 7 and 9; check ASSIGI					
	<u>-</u>		· .			
	N: Effectiveness of the Financing Statement k			<u> </u>		nation Statemer
	19984 File Date: 12/10	0/2021	(or recorded) in the		DMENT is to be filed [for rec CORDS. Filer: attach Amend name in item 13.	iment Addendu
	ELOW FOR SECURED PARTY CONTA STATEMENT FILE NUMBER	ACT INFORMATION			R FILING OFFICE USE	
Re Vintage at Bend	, Deal ID No. 28036					
3800 Cilibank Cente Tampa, Florida 336	10					
	set Management Group/Post Closing					
	LEDGMENT TO: (Name and Address)	· .				
CEND ACKNOW	FDOMENT TO Allowed Addition		_			
. E-MAIL CONTAC	T AT SUBMITTER (optional)		7			
NAME & FIONE	OF CONTACT AT SUBMITTER (option	iai)				