FILED: JUL 26, 2021 11:46 AM OREGON SECRETARY OF STATE



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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Τ				
A. NAME & PHONE OF CONTACT AT FILER (optional)		Ī			
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Automotive Finance Corporation www.afcdealer.com 11299 N. Illinois Street Carmel, IN 46032		THE ABOVE S	SPACE IS FO	R FILING OFFICE USI	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	*	(or recorded) in the R	EAL ESTATE	ENDMENT is to be filed.[fi RECORDS rm UCC3Ad) <u>and</u> provide Del	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v				
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected co			ne of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified abord continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of	Secured Party	authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:  Check one of these two boxes:  This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Information Change for ORGANIZATION'S NAME	GE name and/or a or 6b; <u>and</u> item 7	ddress: Complete a or 7b <u>and</u> item 7c 7a or	name: Compler 7b, <u>and</u> item 7	ete itemDELETE name cto be deleted in	e: Give record name n item 6a or 6b
Automotive Finance Corporation					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	n Change - provide	only one name (7a or 7b) (use exact, 1	full name; do not o	mit, modify, or abbreviate any pa	t of the Debtor's name)
7a. ORGANIZATION'S NAME  Automotive Finance Corporation  7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	<del></del>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
www.afcdealer.com 11299 N. Illinois Street	Carmel	<del></del> ,	IN	46032	
COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
				·	10. 20
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide n  9a. ORGANIZATION'S NAME	MENDMENT: Flame of authorizing	<i>,</i> — ·	9b) (name of A	ssignor, if this is an Assign	me t)
Automotive Finance Corporation			\		
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			1		

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