

UCC FINANCING STATEMENT AMENDMENT

**FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) CHRISTINA YODER (800) 334-3385 B. E-MAIL CONTACT AT FILER (optional)

Recorded: 7/17/2018 at 10:48:44.0 AM Fee Amount: \$17.00 **Revenue Tax:** Polk County, Iowa Julie M. Haggerty RECORDER Number: 201800004593

BK: 17002 PG: 925

4111 EXECUTIVE PKWY., SUI WESTERVILLE, OHIO 43081  1a. INITIAL FINANCING STATEMENT FILE NUMBI		1b. 🖼			R FILING OFFICE USE O	
BOOK 15638, PAGE 15			(or recorded) in the			
TERMINATION: Effectiveness of the Finance	-i Ct-tt idtifd -b				UCC3Ad) and provide Debto	r's name in item 13
authorizing this Termination Statement.	ang statement identified abi	ove is terminated with respe	ct to the security in	terest(s) or Secure	е гапу	
ASSIGNMENT (full or partial): Provide nam     For partial assignment, complete items 7 and			in item 7c <u>and</u> nar	me of Assignor in i	tem 9	
CONTINUATION: Effectiveness of the Final continued for the additional period provided in the second provided provided in the second provided provided in the second provided provid		bove with respect to the sec	urity interest(s) of S	Secured Party auth	orizing this Continuation S	Statement is
PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes:	CHAN	of these three boxes to: GE name and/or address: Co		) name: Complete i	Name of the last o	
This Change affects Debtor or Secured Party  6. CURRENT RECORD INFORMATION: Complete		a or 6b; and item 7a or 7b and		or 7b, and item 7c	to be deleted in it	em 6a or 6b
6a. ORGANIZATION'S NAME	for Party Information Chang	e - provide only one name	ba or bb)			
OL STORILLATION O TANKE						
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	1È	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete	for Assignment or Party Information	Change provide only one name (	a or 7b) (use exact, full	name, do not omit, mod	ify, or abbreviate any part of the ξ	Debtor's name)
7a. ORGANIZATION'S NAME						
OR WALKER & DUNLOP, LLC						
7b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INIT	TAL(S)					SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
7501 WISCONSIN AVE., STE. 120	)0E	BETHESDA		MD	20814	USA
					least least	
<ol> <li>COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of Indicate collateral:</li> </ol>	f these four boxes:	ADD collateral Di	LETE collateral	RESTATE cov	rered collateral	SSIGN collateral
maroato objiatorali.						
			a or 9b) (name of	Assignor, if this is	an Assignment)	
9. NAME of SECURED PARTY of RECORD AUTH If this is an Amendment authorized by a DEBTOR  OR OR OR OR OF THE PARTY OF RECORD AUTHORIZED AUTHORIZ	HORIZING THIS AMENDMEN , check here  and provid	T: Provide only <u>one</u> name ( e name of authorizing Debto	r			
If this is an Amendment authorized by a DEBTOR  9a. ORGANIZATION'S NAME	, check here  and provid	e name of authorizing Debto	r	TINDING I	LC	
9a. ORGANIZATION'S NAME COSMOPOLITAN CAPITAL F	check here  and provid	e name of authorizing Debto	CAPITAL F			
9a. ORGANIZATION'S NAME COSMOPOLITAN CAPITAL F	check here  and provid	e name of authorizing Debto	CAPITAL F	FUNDING, L		SUFFIX
9a. ORGANIZATION'S NAME COSMOPOLITAN CAPITAL F	check here  and provid	e name of authorizing Debto	CAPITAL F			SUFFIX

FILING OFFICE COPY-UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11

International Association of Commercial Administrators (IACA)

FOLLOW INSTRUCTIONS

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. IN	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer $OK\ 15638, PAGE\ 15$	ndment form					
12. N	AME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An 12a. ORGANIZATION'S NAME COSMOPOLITAN CAPITAL FUNDING, LLC, F/K TAVERNIER CAPITAL FUNDING, LLC						
OR	12b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME		1				
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE	ABOVE SP	ACE IS FOR FILING OFFICE US	ONLY	
or	ame of DEBTOR on related financing statement (Name of a current Debtor of rose Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbr	ecord required f reviate any part	or indexing purposes of the Debtor's name	s only in som e); see instru	e filing offices – see instruction ite ctions if name does not fit.	n 13). Provi	de or
	38. ORGANIZATION'S NAME CQUITABLE LOFTS, LLC						
	3b, INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITIONAL NAME(S)/INITIAL(	S) SU	FFIX
4. A	DDITIONAL SPACE FOR ITEM 8 (Collateral)		Material Production of the Pro				
	nis FINANCING STATEMENT AMENDMENT: covers timber to be cut □ covers as-extracted collateral ☑ is filed as a fixt		Description of real e	state:			
16. 1		ture filing	Description of real e	state:			
16. 1	covers timber to be cut Covers as-extracted collateral is filed as a fixt Name and address of a RECORD OWNER of real estate describe in item 17	ture filing		state:			
16. 1	covers timber to be cut Covers as-extracted collateral is filed as a fixt Name and address of a RECORD OWNER of real estate describe in item 17	ture filing		state:			
16. 1	covers timber to be cut Covers as-extracted collateral is filed as a fixt Name and address of a RECORD OWNER of real estate describe in item 17	ture filing		state:			

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Book: 17002 Page: 925 File Number: 2018-00004593 Seq: 2

#### Exhibit A

### Legal Description

BEING that certain property located in Polk County Iowa and more particularly described as follows:

# Parcel 1 (Fee Tract):

Apartment 1 in THE EQUITABLE LOFTS, a Horizontal Property Regime, now included and forming a part of the City of Des Moines, Polk County, Iowa, together with the undivided interest in the general and limited common elements appurtenant to such Apartment as provided in the Declaration of Submission to Horizontal Property Regime referred to below, and located upon the property described therein, as set forth in the Declaration of Submission recorded in Book 15608, Page 665, and with any and all other interests appurtenant to such Apartment pursuant to said Horizontal Property Regime.

### AND

Lots 7 and 8, Block 12, in FORT DES MOINES, an Official Plat, now included in and forming a part of the City of Des Moines, Polk County, Iowa, EXCEPT Apartments 1 and 2, inclusive, in THE EQUITABLE LOFTS, a Horizontal Property Regime, now included and forming a part of the City of Des Moines, Polk County, Iowa, together with the undivided interest in the general and limited common elements appurtenant to such Apartments as provided in the Declaration of Submission to Horizontal Property Regime referred to below, and located upon the property described therein, as set forth in the Declaration of Submission recorded in Book 15608, Page 665, and with any and all other interests appurtenant to such Apartments pursuant to said Horizontal Property Regime.

# Parcel 2 (Leasehold Tract):

All rights appurtenant to the above described real estate pursuant to leasehold interests arising in a portion of Lots 5 and 6 in Block "C" in COMMISSIONER'S ADDITION, an Official Plat, now included in and forming a part of the City of Des Moines, Polk County, Iowa, covered in the Memorandum of Parking Lease filed in Book 11776, Page 989 on July 31, 2006; Special Warranty Deed dated December 23, 2011 and recorded

January 25, 2012 in Book 14135 at Page 374, corrected with Corrected Special Warranty Deed dated February 10, 2012 and recorded February 15, 2012 in Book 14161 at Page 168; and Memorandum of Assigned Lease Agreement dated June 9, 2015 and recorded June 10, 2015 in Book 15610 at Page 185.

Book: 17002 Page: 925 File Number: 2018-00004593 Seq: 3