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		0452699	2022 Dec 09 AM	11:42
ICC EINANCIA	IG STATEMENT AMEND	MENT	·	
	NS (front and back) CAREFULLY	41 — 14 1		
A. NAME & PHONE OF	CONTACT AT FILER [optional]			
B SENIO ACKNOW! ED	GMENT TO: (Name and Address)			
ENPEC SPV 1 II		_		
433 North Can	iden Drive, Suite 725	l l		
Beverly Hills,	CA 90210, USA			
			THE ABOVE SPACE IS FOR FILING OFF	
a. INITIAL FINANCING ST	ATEMENT FILE # 202112158547262 Fileda	te: 15-DEC-21		ATEMENT AMENDMENT i) (or recorded) in the
			REAL ESTATE REC	ORDS.
			curity interest(s) of the Secured Party authorizing this	
	Effectiveness of the Financing Statement iden: ditional period provided by applicable law.	ified above with respect to security inte	rest(s) of the Secured Party authorizing this Conti	nuation Statement is
ASSIGNMENT (fu	Il or partial): Give name of assignee in item 7a o	7b and address of assignee in item 7c	and also give name of assignor in item 9.	
. AMENDMENT (PAR	TY INFORMATION): This Amendment affects	Debtor or Secured Party of	record. Check only one of these two boxes.	·
Also check one of the following	owing three boxes and provide appropriate inform	nation in items 6 and/or 7.		
GHANGE name and/	or address: Give current record name in item 6a o e) in item 7a or 7b and/or new address (if addres	or 6b; also give new	ame: Give record name AOD name: Completed in item 6a or 6b item 7c, also complete	ete item 7a or 7b, and also ete items 7d-7g (if applicat
6. CURRENT RECORD		o de la de l		oto nome va vy (w approx
6a. ORGANIZATION'S	NAME			
66. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR	ADDED INFORMATION:			
7a. ORGANIZATION'S	NAME			••
OR CONTRACTOR OF THE CONTRACTO				1
76. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		СПУ	STATE POSTAL CODE	COUNTRY
···	Labor Nico of Tai mor or one with	TON TE SUDIORIOTION OF ODO	ANIZATION 7g. ORGANIZATIONAL ID) # if ony
d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE 76. TYPE OF ORGANIZATION	TION 7f: JURISDICTION OF ORG	ANIZATION /g. UKGANIZATIONAL IL	
	DEBTOR			NO

	NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Term						
	9a. ORGANIZATION'S NAME NPFC SPV 1 INC						
OR	9b. INDÍVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NAME	SUFFiX			
10.0	OPTIONAL FILER REFERENCE DATA						

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

8. AMENDMENT (COLLATERAL CHANGE): check only one box.