

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

**X25009248-4**

**FILED  
IOWA SECRETARY OF STATE**

**2025-03-18 08:45**

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Lien Solutions 800-331-3282
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) JOHN JAMES 2929 ALLEN PKWY STE 3300 Houston, TX 77019

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT FILE NUMBER  
X24004486-2

This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

**TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

**ASSIGNMENT** (full or partial): Provide name and address of Assignee and name of Assignor in sections below.

**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.

**PARTY INFORMATION CHANGE:**

Check one of these two boxes: This Change affects  Debtor or  Secured Party of record

AND Check one of these three boxes to:

**CHANGE** name and/or address: Give current record name, new name (if name change), and/or new address (if address change) in sections below.  **ADD** name: Complete Name, and also Address section below.  **DELETE** name: Give record name to be deleted in section below.

**COLLATERAL CHANGE:** Also check one of these four boxes:  **ADD** collateral  **DELETE** collateral  **RESTATE** covered collateral  **ASSIGN** collateral

Indicate collateral:

**NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

OR	ORGANIZATION'S NAME DMG MORI USA INC			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

OPTIONAL FILER REFERENCE DATA

IA-0-103354570-71295996

Use this space for additional information