UCC FINANCING STATEMENT AMENI FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)	DMENT	BK: 2022 PG: Recorded: 9/9/ Pages 1 County Record Iowa E-Filing Fe Combined Fee: Revenue Tax: LISA SMITH REG Madison Count	2022 at 9:20:14.0 ing Fee: \$7.00 ee: \$3.00 \$10.00 CORDER	AM
SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2271 06961 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Iowa (Madison)	THE ABOVE SPACE IS F		
1a. INITIAL FINANCING STATEMENT FILE NUMBER Bk 2018 Pg 373 02/02/2018		Ib. This FINANCING STATEMENT AN (or recorded) in the REAL ESTATI Filer: <u>attach</u> Amendment Addendum (F	E RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identifications.	entified above is terminated w	· · · · · · · · · · · · · · · · · · ·		
ASSIGNMENT (full or partial): Provide name of Assignee in in For partial assignment, complete items 7 and 9 and also indicate the second			or in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	identified above with respect	to the security interest(s) of Secured Par	ty authorizing this Continuati	on 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 of the	D Check <u>one</u> of these three bo CHANGE name and/or a item 6a or 6b; <u>and</u> item 7 rmation Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c ADD name: Comp 7a or 7b, <u>and</u> item		Give record name item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME			., ,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of			., ,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME			., ,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME			., ,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME OR To. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			omit, modify, or abbreviate any part o	of the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Ta. ORGANIZATION'S NAME OR Tb. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are the controlled in the co	CITY s: ADD collateral NG THIS AMENDMENT: P and provide name of authorizin	nly <u>one</u> name (7a or 7b) (use exact, full name; do not STATE DELETE collateral RESTATE rovide only <u>one</u> name (9a or 9b) (name of A	omit, modify, or abbreviate any part of the post of th	SUFFIX COUNTRY USA ASSIGN collateral
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are of the part	CITY S: ADD collateral NG THIS AMENDMENT: P and provide name of authorizin onal Association, as mmercial Mortgage	nily <u>one</u> name (7a or 7b) (use exact, full name; do not STATE DELETE collateral RESTATE rovide only <u>one</u> name (9a or 9b) (name of Ag Debtor strustee for the benefit of the Pass-Through Certificates,	omit, modify, or abbreviate any part of the post of th	SUFFIX COUNTRY USA ASSIGN collateral
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of Ta. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here are 9a. ORGANIZATION'S NAMEWells Fargo Bank, Nation Commercial Mortgage Trust 2018-C8, C018-C8, C0	CITY s: ADD collateral NG THIS AMENDMENT: P and provide name of authorizin onal Association, as	nily <u>one</u> name (7a or 7b) (use exact, full name; do not STATE DELETE collateral RESTATE rovide only <u>one</u> name (9a or 9b) (name of Ag Debtor strustee for the benefit of the Pass-Through Certificates,	omit, modify, or abbreviate any part of the property of the pr	SUFFIX COUNTRY USA ASSIGN collateral