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			MENT AMENDMI back) CAREFULLY	ENT					
		CONTACT AT FILER [O		· · · · · · · · · · · · · · · · · · ·	ן				
E B.	Brian P. Galloc	IV, Esq. (40°	1) 861-8200 klf@psh	.com					
i		Traine E	ino Address]	_					
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L					THE ABOVE SPAC	E IS FOR	FILING OFFICE US	E ONLY	
1a. INITIAL FINANCING STATEMENT FILE#					· · · · · · · · · · · · · · · · · · ·		HE FINANCING STATEMEN be filed (for record) (or reco		
	20100875016		ring Statement identified above is ten			_ E:	STATE RECORDS.		
								ment.	
<u> </u>	continued for the addi	tional period provided by	ncing Statement identified above with applicable law.	respect to secu	nty interest(s) of the Secured Party a	authorizing this	Continuation Statement is		
4. [ASSIGNMENT (ful	f or partial): Give name of	assignee in item 7a or 7b and addre	ss of assignee in	item 7c; and also give name of assi	gnor in item 9.			
5. Al	MENDMENT (PART	Y INFORMATION):	This amendment affects Debtor vide appropriate information in items 6	or Secured	Party of record. Check only one of t	hese two boxes	3		
	CHANGE name and/or	address: Give current red	cord name in item 6a or 6b; also give ew address (if address change) in ite	new 🗀	DELETE name: Give record name to be deleted in item 6a or 6b.	□ .49	D name: Complete item in	7a or 7b, and also	
6. C	URRENT RECORD	INFORMATION:	on address (in address change) in ite	m, 76.	to be deleted in Item 6a or 6b.	ite	m 7c; also complete items 7	d-7g (if applicable).	
	6a. ORGANIZATION'S	NAME							
OR	66. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDI E	MIDDLE NAME SUFFIX		
						MILOCEL	TAME	SUFFIX	
7. CI	HANGED (NEW) OR ADDED INFORMATION: 76. ORGANIZATION'S NAME								
OR									
	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	MIDDLE NAME SUFFIX		
7c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY	
]	i dome dobe	COOKINI	
N	X ID #: SSN OR EIN OT REQUIRED IN HODE ISLAND	ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDIÇT	ION OF ORGANIZATION	7g. ORGA	NIZATIONAL ID #, if any		
		DEBTOR ATERAL CHANGE):	check only one box.			_	-	NONE	
De	scribe collateral del	eted or added,	or give entire restated collate	rat description, or	r describe collateralassigned	1.			
1	The original fin	ancina statem	ent #201008750160	is hereby	subordinated to fina	ancina et	atement		
Ħ	‡20100875052	20 dated 6/17/	10 in favor of Webste	r Bank, N	I.A. and its successo	ors and a	ssigns.		
	Debtor: Capco						•		
-	obion. Oupot	oteel, LLC							
). NA	ME OF SECURED	PARTY OF RECOR	D AUTHORIZING THIS AMEN	IDMENT (nam	e of assignor, if this an Assignment).	. If this is an Ar	nendment authorized by a D	ebtor which adds	
	al or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME								
OR									
	9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N	AME	SUFFIX	
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			th RI Secretary of St	ato					