UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-	5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	CO'Co	77			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	cirno _				
Corporation Service Company 1-800-858-3 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 110769151 - 372200 Corporation Service Company 801 Adlai Stevenson Drive]			
Springfield, IL 62703 File	ed in: Rhode Island (S.O.S.)	₁			
	·			R FILING OFFICE USE	
a. INITIAL FINANCING STATEMENT FILE NUMBER 201109988390 06/03/2011 1b. This FINANCING STATEMENT AMENDMENT is to be file (or recorded) in the REAL ESTATE RECORDS Filer_attach Amendment Addendum (Form UCC34d) and provide					•
2. TERMINATION: Effectiveness of the Financing Statement iden	tified above is terminate				
ASSIGNMENT (full or partial): Provide name of Assignee in ite	m 7a or 7h, and address	of Assignee in item 7s and r	amo of Assissor	in item 0	
For partial assignment, complete items 7 and 9 <u>and</u> also indicate			iaine ui Assignoi	m tem 9	
 CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law 	entified above with response	ect to the security interest(s)	of Secured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:	· ·				
Check <u>one</u> of these two boxes.	Check one of these three CHANGE name and/o	or address: CompleteAE	DD name: Comple	te itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information			or 7b, <u>and</u> item 7d	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMESABRE DEVELOPMENT					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERS	RST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty Information Change - provi	de only <u>one</u> name (7a or 7b) (use exac	t, full name; do not on	it, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME	• • • •				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		; **********************************			SUFFIX
7c. MAILING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUNTRY
					USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE &	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	THIS AMENDMENT: provide name of authorit		9b) (name of Ass	ignor, if this is an Assignme	ent)
9a. ORGANIZATION'S NAME Citizens Bank, N.A. Form					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	TADDITION	IAL NAME(S)/INITIAL(S)	TSUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: Sabre De	evelopment Con	npany, LLC	- · · · ·		110769151