RI SOS Filing Number: 201718380240 Date: 7/31/2017 10:19:00 AM

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	CC FINANCING STATEMENT AMENDMEN DLLOW INSTRUCTIONS	N i					
Γ	NAME & PHONE OF CONTACT AT FILER (optional)						
B	E-MAIL CONTACT AT FILER (optional)						
c	SEND ACKNOWLEDGMENT TO: (Name and Address)						
	Independence Bank 1370 South County Trail East Greenwich, RI 02818						
	Past Greenwich, Nr. 02010						
	<u> </u>		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY	
1a	2004 0172 8200 DOY(1)	662	(or recorded) in the REA	L ESTATE		•	
2.	TERMINATION: Effectiveness of the Financing Statement identified abo	<u> </u>			m UCC3As) <u>and provide Deblo</u> cured Party authorizing this		
3. ASSIGNMENT (full or partial): Provide name of Assignee in Item 7a or 7b, and address of Assignee in Item 7c and name of Assignor in Item 9							
4.	For partial assignment, complete items 7 and 9 and also indicate affected collateral in Item 8 4. 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						
5. PARTY INFORMATION CHANGE: Check one of lhase two boxes: AND Check one of lhase three boxes to: CHANGE name and/or address: CompleteADD name: Complete itemDELETE name: Give record name.							
This Change affects Debtor or Secured Party of record litem 6a or 6b, and item 7a or 7b, and item 7c To be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)							
	6a, ORGANIZATION'S NAME						
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	lion Change - provide on	ly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not o	nit, modify, or abbreviate any part of	the Debtor's name)	
	7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFE						
						COLLEX	
7 c .	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8. [COLLATERAL CHANGE: Also check one of these four boxes:	D collateral	DELETE collateral F	RESTATE C	overed collateral A	SSIGN collateral	
	Indicate collateral:						
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			name of As	signor, if this is an Assignmen	it)	
11	9a. ORGANIZATION'S NAME	gnishodius lo emso	Deplor		· · · · · · · · · · · · · · · · · · ·		
OR	Independence Bank	FIRST PERSONAL	NAMÉ	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX	
		- III T ENGOINA				Jooi rix	
	PTIONAL FILER REFERENCE DATA: ed with Warwick Land Evidence Records on 11-05-2	2004					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1s on Amendment form $2004\ 01/2\ 8200$ 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a, ORGANIZATION'S NAME Independence Bank OR 126. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DESTOR on related financing statement (Name of a current Deblor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fill 13a, ORGANIZATION'S NAME AM-Flag Real Estate, LLC OR 13b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate; covers limber to be cut covers as-extracted collatera: is filled as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does πot have a record interest):

18. MISCELLANEOUS: