

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Richard E. Palumbo, Jr., Esquire				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 5px 0;">Law Offices of Richard Palumbo, LLC 535 Atwood Avenue Suite 4 Cranston, RI 02920</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER State filing number 201313271510			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> 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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: AND Check <u>one</u> of these three boxes to: This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">6a. ORGANIZATION'S NAME STRONG PROPERTIES GROUP, LLC</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">7a. ORGANIZATION'S NAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 80%;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 80%;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%; border-top: 1px solid black;"></div></div>				
7c. MAILING ADDRESS				
27 GLENN STREET, UNIT 3		CITY STOUGHTON	STATE MA	POSTAL CODE 02072
COUNTRY USA				
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input checked="" type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: 97-99 Alverson Ave Providence, RI 02909 Assessors Plat 112 Lot 65				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">9a. ORGANIZATION'S NAME PAWTUCKET CREDIT UNION</div><div style="width: 60%; border-top: 1px solid black;"></div></div>				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: TO BE FILED WITH THE STATE OF RHODE ISLAND				