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	C FINANCING STATEME	NT AMENDMENT		_						
Α ١	IAME & PHONE OF CONTACT AT FILE! Phone: (800) 331-3282 Fax: (818) 6									
В. 6	-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer_S	ervice@wolterskluwer.com								
c s	SEND ACKNOWLEDGMENT TO (Name	and Address) 23856 - TOYO	TA MOTOR							
ľſ	Lien Solutions	62136	438							
	P.O. Box 29071 Glendale, CA 91209-9071	RIRI								
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L		elary of State, RI				OR FILING OFFICE USE				
	NITIAL FINANCING STATEMENT FILE NUN 1679 3/3/2003 SS RI	IBER		(or recorded) in the REAL	FSTATE	ENDMENT is to be filed (for i RECORDS m UCC3Ad) <u>and</u> provide Debtors	•			
2. [TERMINATION: Effectiveness of the Finar Statement	rcing Statement identified above is	terminated with	respect to the security interest(s)	of Secure	ed Party authorizing this Term	nination			
3 [ASSIGNMENT (full or partial). Provide nar For part all assignment, complete items 7 a				ssignar in	item 9	·			
4 [>	CONTINUATION Effectiveness of the Fin- continued for the additional period provide		with respect to t	he security interest(s) of Secured	Party auti	nenzing this Continuation Sta	toment is			
5.	PARTY INFORMATION CHANGE									
	heck one of these two boxes	AND Check one CHANC	SE name and/or a	odress CompleteADD name	e Comple	te item DFLETE name G				
_	This Change affects Deblor or Secured Party of record Jacon 6b, and 4cm 7a or 7b and 1cm 7c To or 7b, and 1cm 7c to be deketed in item 6a or 6b 6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)									
	60 ORGANIZATION'S NAME									
OR	VALENTI'S OF WESTERLY, IN		FIRST PERSON/	L NAME	АООПЮ	NAL NAME(SYINITIAL(S)	SJFFIX			
	HANGED OR ADDED INFORMATION: Comp	lete for Assument or Book, Information Cha		and the second full arms	10 and 0 and 1		Zahvarie asmal			
1.0	78 ORGANIZATION'S NAME	enterior esseguine in or Party in Guinality (Class	and a month of the	THE THE STATE OF T	W104.4.	incory of asserted by part of the C	Service s reme)			
OR	76 INDIVIDUAL'S SURNAME									
	INDIVIDUAL'S FIRST PERSONAL NAME									
	INDIVIDUAL'S ADDITIONAL NAME(SyINITIAL(S)									
/c	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
8 [COLLATERAL CHANGE Also check of	one of these four boxes ADD	Collaborat	DELETE collateral R	ESTATE	covered collateral A	SSIGN collateral			
٠. ر	Indicate collateral	NOD	Consterai		LSIAIL	Wieles Wilateral	SSIGIT CONSICIAL			
9. N	AME OF SECURED PARTY OF RECO	ORD AUTHORIZING THIS AME	NDMENT: Pro	ovide only <u>one</u> name (9a or 9b) (na	ame of As:	signor, if this is an Assignmen	t)			
11	this is an Amendment authorized by a DEBTO 9a ORGANIZATION'S NAME	<u> </u>	ame of authorizing	ig Debtor						
OR	TOYOTA MOTOR CREDIT CO 95 INDIVIDUAL'S SURNAME	RPORATION	FIRST PERSONA	LNAME	NI HOUA	NAL NAME(SYINITIAL(S)	SUFFIX			
	DPTIONAL FILER REFERENCE DATA DE 36438 24	btor Name: VALENTI'S OF	WESTERLY,	INC.		38025 - RE				

HE ABOVE SPACE IS FOR FILING OFFICE USI	E ONLY
es only in some fling offices - see Instruction item me), see Instructions if name does not fit	13): Provide o
(2) ANTIMIVE) SMAN JANOITHCEA	SUFFIX
RD, MA 01824	