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UCC FINANCING STATEMENT AME	NDMENT					
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141			]			
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolt						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	21371 - BANE	OF	1			
Lien Solutions P.O. Box 29071	62984	247				
Glendale, CA 91209-9071	RIRI		l			
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File with: Secretary of State  Ia. INITIAL FINANCING STATEMENT FILE NUMBER	e, rxi		1b. This FINANCING ST	ATEMENT AM	ENDMENT is to be filed [for	-
201312936870 8/30/2013 SS RI			(or recorded) in the Fifor: attach Amendme		RECORDS m UCC3Ad) <u>and</u> provide Debt	or's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement</li> </ol>	t identified above is	s terminated with	n respect to the security inter-	osi(s) of Secur	ed Party authorizing this Te	ermination
ASSIGNMENT (full or partial): Provide name of Assignee     For partial assignment, complete items 7 and 9 and also			-	of Assignor in	item 9	
<ol> <li>CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable</li> </ol>		with respect to	the security interest(s) of Sec	tured Party aut	honzing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes		GE name and/or a	eddress: CompleteADG	Oname Comple		Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Info	- ' '			or 7b, <u>and</u> item 7	c to be deleted in	rom balor bo
6a. ORGANIZATION'S NAME	ormadon Change -	provide only on	E Harrie (da di do)	<del></del>		
GARFIELD AVE. FOODS, LLC				_		
OR 66. INDIVIDUAL'S SURNAME		FIRST PERSON	AL NAME	ADDITIO	NAL NAME(SYNITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Ch	ange - provide only	one name (7e or 7b) (use exact, full	name, do not om4,	modify, or abbreviate any part of th	ne Debtor's name)
7a. ORGANIZATION'S NAME						
OR 76. INDIVIDUAL'S SURNAME						<del></del>
INDIVIDUĀL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these fo	ur boxes: 🔲 ADI	O collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collatera
Indicate collateral:						
9. NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS ALL	ENDMENT: D	ravide only one name (0s or	9b) (name of As	signor, if this is an Assimon	vent)
If this is an Amendment authorized by a DEBTOR, check here	_	name of authoriz		ooy (name or As	organia i one se en mangen	<b>-</b>
98. ORGANIZATION'S NAME Bank of America, N.A.						
OR 95. INDIVIDUAL'S SURNAME		Trinst person	IAL NAME	Тарэтте	NAL NAME(S)/INITIAL(S)	SUFFIX
S. Horrisone & Burdane			<del></del>			1 - 3 - 3 - 3
10. OPTIONAL FILER REFERENCE DATA: Debtor Name:	GARFIELD AV	E. FOODS. L	.LC	1		
62984247		<del>- , -</del>				

RI SOS Filing Number: 201819258420 Date: 3/9/2018 11:47:00 AM

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 201312936870 8/30/2013 SS RI 12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12s. ORGANIZATION'S NAME Bank of America, N.A. 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME (S)ANTINIV(S) SMAN JANOITICGA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor 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 fit 13a ORGANIZATION'S NAME GARFIELD AVE. FOODS, LLC OR! 136. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX FIRST PERSONAL NAME 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address: GARFIELD AVE. FOODS, LLC - 887 GREENWICH AVENUE, WARWICK, RI 02886 Secured Party Name and Address: Bank of America, N.A. - 9000 SOUTHSIDE BLVD., JACKSONVILLE, FL 32256 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate. covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Bank of America, N.A.

File with: Secretary of State, RI

18. MISCELLANEOUS; 62984247-RI-0 21371 - BANK OF AMERICA CA O