

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294																								
B E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com																								
C SEND ACKNOWLEDGMENT TO: (Name and Address) 1547 81885 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 filingacks@cscinfo.com Filed In: Rhode Island (S.O.S.)																								
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																								
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200907373030 04/08/2009			1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS For <u>attach</u> Amendment, Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.																					
2 ☐ 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 ☐ 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 <u>and</u> 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 <u>one</u> of these two boxes: ☐ Debtor or ☐ Secured Party of record. AND Check <u>one</u> of these three boxes to: This Change affects ☐ CHANGE name and/or address. Complete item 6a or 6b <u>and</u> item 7a or 7b <u>and</u> item 7c. ☐ ADD name. Complete item 7a or 7b <u>and</u> item 7c. ☐ 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). <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a ORGANIZATION'S NAME BRIAN VIVIEROS GENERAL CONTRACTOR, LLC.</td></tr><tr><td colspan="4" style="text-align: center; padding: 5px;">OR</td></tr><tr><td style="width: 40%; padding: 5px;">6b INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					6a ORGANIZATION'S NAME BRIAN VIVIEROS GENERAL CONTRACTOR, LLC.				OR				6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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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. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a ORGANIZATION'S NAME</td></tr><tr><td colspan="4" style="text-align: center; padding: 5px;">OR</td></tr><tr><td colspan="4" style="padding: 5px;">7b INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a ORGANIZATION'S NAME				OR				7b INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
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7c MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">CITY</td><td style="width: 15%; padding: 5px;">STATE</td><td style="width: 15%; padding: 5px;">POSTAL CODE</td><td style="width: 30%; padding: 5px;">COUNTRY USA</td></tr></table>					CITY	STATE	POSTAL CODE	COUNTRY USA																
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8 ☐ COLLATERAL CHANGE <u>Also</u> check <u>one</u> of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral. Indicate collateral:																								
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 ☐ and provide name of authorizing Debtor. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.</td></tr><tr><td colspan="4" style="text-align: center; padding: 5px;">OR</td></tr><tr><td style="width: 40%; padding: 5px;">9b INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					9a ORGANIZATION'S NAME Citizens Bank, N.A. formerly known as RBS Citizens, N.A.				OR				9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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10 OPTIONAL FILER REFERENCE DATA Debtor: BRIAN VIVIEROS GENERAL CONTRACTOR, LLC.																								

1547 81885