

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)				
B E-MAIL CONTACT AT FILER (optional)				
C SEND ACKNOWLEDGMENT TO (Name and Address) 628848 005 AIA CSC 801 Adlai Stevenson Drive Springfield, IL 62703				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER 201820183430 (filed 9/17/18)			1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the RFAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and 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 and a so 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 these two boxes AND Check one of these three boxes to This Change affects ☒ Debtor or ☐ Secured Party of record ☒ CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c ☐ ADD name Complete item 7a or 7b, and 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 one name (6a or 6b)				
6a ORGANIZATION'S NAME Southern Sky Renewable Energy RI-N.P., LLC				
OR 6b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
7 CHANGED OR ADDED INFORMATION. Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name)				
7a ORGANIZATION'S NAME CAPTONA-N.P., LLC				
OR 7b INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY				
675 Third Avenue, Suite 3004 New York NY 10017 USA				
8 ☐ COLLATERAL CHANGE Also check one 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 one 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				
9a ORGANIZATION'S NAME Wilmington Trust, National Association, as Collateral Agent				
OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10. OPTIONAL FILER REFERENCE DATA: To be filed in Rhode Island, 86094.31				