

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) Rhode Island Housing and Mortgage Finance Corporation 44 Washington Street Providence, RI 02903 Attn: Legal Department				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a INITIAL FINANCING STATEMENT FILE NUMBER 200908128990			1b ☐ This FINANCING STATEMENT AMENDMENT is to be filed (or recorded) in the REAL ESTATE RECORDS File an <u>amend</u> 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 8. For partial assignment, complete items 7 and 9 and 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 AND Check <u>one</u> 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 <u>one</u> name (6a or 6b): 6a ORGANIZATION'S NAME Sandywoods Homes, Inc. 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 <u>one</u> 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 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
8 ☐ COLLATERAL CHANGE: Also 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: 9a ORGANIZATION'S NAME Rhode Island Housing and Mortgage Finance Corporation OR 9b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
10. OPTIONAL FILER REFERENCE DATA: RIH # 4260800011				