

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

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@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24241 - City National <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 50%; text-align: center;">71562030  RIRI</div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201414461720 11/5/2014 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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 also indicate affected collateral in item 8				
4. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes AND Check <u>one</u> of these three boxes to This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input checked="" type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> 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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a ORGANIZATION'S NAME</div><div>MIDDLETOWN TACO, INC.</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 6b INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a ORGANIZATION'S NAME</div><div>MIDDLETOWN TACO, INC.</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 7b INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
7c MAILING ADDRESS				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 40%;">79 NORTH MAIN STREET</div><div style="width: 15%; text-align: center;">CITY MANSFIELD</div><div style="width: 10%; text-align: center;">STATE MA</div><div style="width: 15%; text-align: center;">POSTAL CODE 02048</div><div style="width: 20%; text-align: center;">COUNTRY USA</div></div>				
8. <input type="checkbox"/> COLLATERAL CHANGE Also check <u>one</u> of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> 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 <input type="checkbox"/> and provide name of authorizing Debtor				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a ORGANIZATION'S NAME</div><div>CITY NATIONAL BANK</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 9b INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: MIDDLETOWN TACO, INC. 71562030 688-FRANCHISE FINANCE II				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201414461720 11/5/2014 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME CITY NATIONAL BANK	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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 MIDDLETOWN TACO, INC.			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

#### 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

MIDDLETOWN TACO, INC. - 79 NORTH MAIN STREET , MANSFIELD, MA 02048  
JOHNSTON TACO, LLC - 79 NORTH MAIN STREET , MANSFIELD, MA 02048  
OCEANSTATE LLC - 79 NORTH MAIN STREET , MANSFIELD, ME 02048  
WARWICK TACO, LLC - 79 NORTH MAIN STREET , MANSFIELD, MA 02048  
PAWTUCKET TACO, LLC - 79 NORTH MAIN STREET , MANSFIELD, MA 02048

Secured Party Name and Address:

CITY NATIONAL BANK - 555 S. FLOWER ST., 24TH FLOOR , LOS ANGELES, CA 90071

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17. Description of real estate
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)	