	C FINANCING STATEMENT AMENDMENT LOW INSTRUCTIONS					
A I Na	NAME & PHONE OF CONTACT AT FILER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	818-662-4141]			
В. (E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		1			
C:	SEND ACKNOWLEDGMENT TO: (Nome and Address)		1			
١	Lien Solutions 72242 P.O. Box 29071	· —				
	Glendale, CA 91209-9071 RIRI	1				
Ľ	File with: Secretary of State, RI		THE ABOVE SPA	CE IS FO	OR FILING OFFICE US	E ONLY
	NITIAL FINANCING STATEMENT FILE NUMBER 921707940 10/18/2019 SS RI	1	` '(or recorded) in the REA	L ESTATE	ENDMENT is to be filed (for RECORDS in UCC3Ad) and provide Debtor	
2. [TERMINATION Effectiveness of the Financing Statement identified above Statement	is terminated with i	respect to the security interest(s) of Secure	d Party authorizing this Ter	mination
3 [ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b. a Fix partial assignment, complete items 7 and 9 and also indicate affected of	and address of Ass collateral in item 8	signee in item 7c. <u>and</u> name of A	kssignor in	item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	e with respect to th	n security interest(s) of Secured	d Party auti	continuation S	atement is
5. [PARTY INFORMATION CHANGE		·			
	CHAN	of these three boxe IGE name and/or ad	kiress Complete ADD nar	ne Comple		Give record name
_	hts Change affects Debtor or Secured Purty of record Intern 6 URRENT RECORD INFORMATION Complete for Party Information Change	Salor 65, <u>and</u> item 7a		<u>and</u> item 7	c lo be defeted in it	lem 6a or 6b
	6a ORGANIZATION'S NAME	- provide unity one i	name (da or do)			
OR						
	60 INDIVIDAL'S SURNAME	FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION. Complete for Assignment or Purity Information Cit.	Tange - provide only <u>o</u> n	ng name (Za or Zb) (use éxact, futinsmo	, do not ome	modify, or abbreviate any part of the	Debror's name)
	7a ORGANIZATION'S NAME					
OR	THANFILD STANFE					
	INDIVIDUAL'S FIRST PERSONAL NAME				·	
	INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)					SUFFIX
7c	MAILING ADORESS	CITY		STATE	POSTAL CODE	COUNTRY
o 1	7		1 7			
8 <u>1</u> 2	COLLATERAL CHANGE Also check one of these four boxes AD AD Indicate collateral	D collateral	_ DELETE coltateral	RESTATE	covered collateral	ASSIGN collateral
An	E (1) CATERPILLAR 262D SKID STEER LOADER S/N: DTB07 d substitutions, replacements, additions and accessions thereto	, now owned o	r hereafter acquired and p	roceeds	thereof. The above co.	llateral is
witr 12≜	iin the scope of Article 9 of the Uniform Commercial Code (if thi :9-102 and 12A:9-109	is statement is f	filed in New Jersey, specif	ically Ch	apter 9 of Title 12A, pu	ursuant to
9. N	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT. Pro-	vide only one name (9a or 9b) (r	name of As	signor, if this is an Assignme	nt)
	this is an Amendment authorized by a DEBTOR, check here and provide	name of authorizing			. g . a , a . a a to on coorg line	,
	93 ORGANIZATIONS NAME CATERPILLAR FINANCIAL SERVICES CORPORATIO	ON		·		
OR	96 INDIVIDUAL'S SURNAME	FIRST PERSONAL	L NAME	ADUITIO	NAL NAME(SØNITIAL(S)	SUFFIX
10 4	OPTIONAL FILER REFERENCE DATA Debtor Name: JR ENTERPRI	ICEC CODD				1
	42395 Debtor Name: JR ENTERPRI	ISES CUKP.				

RI SOS Filing Number: 201921739310 Date: 10/25/2019 2:45:00 PM

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

ndment form				
201921707940 10/18/2019 SS RI 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form				
ON				
Su	-FIX			
of record required f abbreviate any part	for indexing p of the Debto	urposes only in som /s name), see Instr	e Hing offices - see Instruction item actions if name does not fit	13). Provide only
FIRST PERSONA	L NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
VEST END AVE				
l as a fixture filing 7				
	of record required labbreviate any part	SU-FIX of record required for indexing pathbreviate any part of the Debto FIRST PERSONAL NAME I, RI 02864 VEST END AVE , NASHVI	SUFFIX THE ABOVE S of record required for indexing purposes only in some abbreviate any part of the Debtor's name), see Institute of the Debtor's name, see Institute of the Debtor's name, see Institute of the Debtor's name of the Debtor's	THE ABOVE SPACE IS FOR FILING OFFICE US of record required for indexing purposes only in some Iting offices - see instruction item abbreviate any part of the Debtor's name), see instructions if name does not fit. FIRST PERSONAL NAME ADDITIONAL NAME(SYNITIALIS) I, RI 02864 VEST END AVE , NASHVILLE, TN 37203