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RI SOS Filing Number: 2020220	097640 Date: 1/15/20	20 1:43:00 F	PM	
UCC FINANCING STATEMENT AMENDME	NT			
FOLLOW INSTRUCTIONS	141			
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingretum@wolferskluwer.com	·			
C SEND ACKNOWLEDGMENT TO: (Name and Address)				
Lien Solutions 73	344401			
P.O. Box 29071 Glendale, CA 91209-9071 RIF	રા			
	<u> </u>			
File with: Secretary of State, RI			OR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201921644290 10/2/2019 SS RI	(or recorded	d) in the REAL ESTATE	FENDMENT is to be filed (for ERECORDS im UCC3Ad) and provide Debti	•
2 TERMINATION Effectiveness of the Financing Statement identified a Statement				
ASSIGNMENT (<u>full</u> or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 <u>and</u> also indicate after a sign of the full of the fu	or 7b, <u>and</u> address of Assignee in item 7c a acted collateral in item 8	and name of Assignor in	nitem 9	
[] CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to the security interest(s) of Secured Party aut	honzing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Check one of these two boxes AND Che	ck one of these three boxes to			
	CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c	ADD name. Comple 7a or 7b, and item 7		Give record name item 6a or 6b
CURRENT RECORD INFORMATION Complete for Party Information Ch	ange - provide only one name (6a or 6b)			
Lepine Financial Advisors, Inc.				
OR 66 INDIVIDUAL'S STIRNAME	FIRST PERSONAL NAME	OH: KUQA	NAL NAME (SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	ation Change - provide only got name (7a or 7b) (use	exitor full name, do not omit.	modify, or abbreviate any part of th	n Debtor's name)
74 ORGANIZA KONS NAME BHG FUNDING 01 LLC				
OR 76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ACCUTIONAL NAME (SYMITIAL'S)	·	•	<u> </u>	<u> </u>
STORY STORY (START (START (START))				SUFFIX
7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
201 Solar St. BHG, BHG	Syracuse	NY	13204	USA
B COLLATERAL CHANGE: Also check one of these four boxes. E Indicate collateral				USA ASSIGN collate
NAME OF SECURED DARRY OF BECORD AUTHORISMO THE				 .
	S AMENDMENT: Provide only one name ovide name of authorizing Debtor	(ਬੜ or 9b) (name of Ass	signor, if this is an Assignme	ent)
94 CREANIZATIONS NAME C. T. Corporation System, as representative				
C T Corporation System, as representative	FIRST PEDCOL AL NAME	Langua	NET ALARM DO NOT THE TOTAL OF	Tours
See marked a continue	FIRST PERSONAL NAME	IOITIADA	NAL NAME(SYINITIAL(S)	SUFFIX
O OPTIONAL FILER REFERENCE DATA: Debtor Name: Lepine Fire	nancial Advisore Inc	<u></u> _	• • •	<u> </u>
3344401	ianuai zuvisuis, iliu.			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11, INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 1a on Amendment form

FOLLOW INSTRUCTIONS

20	1921644290 10/2/2019 SSRI			•		
12	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on	Amendment fo	m	1		
12a ORGANIZATION'S NAME			1			
C T Corporation System, as representative						
				1		
OR	126 INDIVIDUAL'S SURNAME		· · · · · ·	1		
				l		
	FIRST PERSONAL NAME			{		
				i		
	ADDITIONAL NAME(SYNTIAL(S)		SUFFIX			
	7.55		SUFFIX			
_		-	<u> </u>		SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing statement (Name of a current Debto- one Debtor name (13a or 13b) (use exact, full name, do not om), modify, or	of record requ	red for indexing	purposes only in sor	ne filing offices - see Instruction item	13): Provide only
		aboreviate any	part of the Debi	tor's name), see Insti	ructions if name does not fit	
	133 ORGANIZATION'S NAME				-	
00	Lepine Financial Advisors, Inc.					
OR	136 INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIONAL NAME(SYNITIAL(S)	SUFFIX
					1	1
14	ADDITIONAL SPACE FOR ITEM 8 (Collateral):		-		<u>. </u>	1
Det	otor Name and Address:					
Lep	ine Financial Advisors, Inc 50 Pound Road , Cumberland, R	I 02864				
٥	and Bod. No.					
Sec	ured Party Name and Address:			_		
	Corporation System, as representative - 330 N Brand Blvd, Si	uite 700; Attr	n: SPRS , Gle	endale, CA 91203	3	
יחס	G FUNDING 01 LLC - 201 Solar St, BHG BHG, Syracuse, NY	13204				
15	This FINANCING STATEMENT AMENDMENT		17 Desauci	on of soul colors		
	<u> </u>		· ·	ion of real estate		
16	Name and address of a RECORD OWNER of real estate described in item 1	d as a fixture fili	9			
10	if Debtor does not have a record interest)	1				
			-			
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	<u> </u>					
18	MISCELLANEOUS 70044401-RI-0 CTG	Corporation System	TI AIS	File with Secretary of S	1210 PI	
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