UCC FINANCING STATEMENT AMENDMEN	IT			
FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)  Julic Allen  704-3	31-3745			
B E-MAIL CONTACT AT FILER (optional) julieallen@mvalaw.com	, <u>, , , , , , , , , , , , , , , , , , </u>			
C. SEND ACKNOWLEDGMENT TO (Name and Address)				
Moore & Van Allen PLLC				
100 North Tryon Street				
Suite 4700 Charlotte, NC 28202				
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER 201819211380 02/27/2018	1	b. This FINANCING STATEM (or recorded) in the REAL	MENT AMENDMENT IS TO DE filed [fo	r record)
TERMINATION Effectiveness of the Financing Statement identified about the Statement	ve is terminated w		endum (Form UCC3Ad) and provide Deb 1(s) of Secured Party authorizing thi	
ASSIGNMENT (full or partial) Provide name of Assignee in item 7s or 7 For partial assignment, complete items 7 and 9 and also indicate affected.	7b. and address of	Assignee in item 7c and name o	f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.		to the security interest(s) of Secu	ured Party authorizing this Continuat	เอก Statement is
5. X PARTY INFORMATION CHANGE:			<del></del>	
	ie of these three bo NGE name and/or a 5a or 6b and item 7		e Complete item DELETE name	Give record nam
This Change affects Debtor or X Secured Party of record I item 6  6 CURRENT RECORD INFORMATION: Complete for Party Information Cher			and item 7c to be deleted in	item 6a or 6b
MELODY BUSINESS FINANCE, LLC, AS	<u>.</u>			<del></del>
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	ISUFFIX
7. CHANGED OR ADDED INFORMATION: Complete to Assignment or Party Informa  7a. ORGANIZATION'S NAME			melido not omá, modify, or abbrewate any part	of the Deptor's name)
MELODY BUSINESS FINANCE, LLC, AS	ADMINIST	TRATIVE AGENT		•
76 INDIVIDUAL'S SURNAME		-		
INDIVIDUAL'S FIRST PERSONAL NAME	<u>-</u>			
INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)			- <u>-</u> -	
Months of the state of the stat				SUFFIX
76 MAILING ADDRESS FOUR GREENWICH OFFICE PARK, FIRST FLOOR	GREENV	VICH	STATE POSTAL CODE CT 06831	COUNTRY
	D collatere!		ESTATE covered collateral	ASSIGN collaters
Indicate colleterel	_			•
				·
	MENDMENT: Pr	ovide only gag name (9a or 9b) (n g Debtor	ame of Assignor, if this is an Assignm	ent)
MELODY BUSINESS FINANCE, LLC, AS	ADMINIS:	FRATIVE AGENT		
OR 96 INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:		<del></del>		H620217
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RI SOS Filing Number: 202022143040 Date: 1/28/2020 3:00:00 PM

Filed with: RI - Secretary of State; Debtor: TOWERSTREAM CORPORATION (041952.000002)