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 18. INITIAL FINANCING STATEMENT FILE NUMBER This FINANCING STATEMENT AMENDMENT Is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS 201008725320 Filer: attach 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 3. ASSIGNMENT (full or partial). Provide name of Assignee in Item 7a or 7b, and eddress 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. 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: AND Check one of these three boxes to: Check one of these two boxes: ADD name: Complete item 7a or 7b, and item 7c CHANGE name and/or address: Complete item 6a or 8b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME Cornplanter Row Limited Partnership 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7s or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 78. ORGANIZATION'S NAME OR 76 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD coffateral OELETE collateral RESTATE covered collateral ASSIGN collateral Indicate colleteral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one 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 96. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: RIH# 4291001037

RI SOS Filing Number: 202022477280 Date: 3/12/2020 2:55:00 PM

Instructions for UCC Financing Statement Amendment (Form UCC3)

Please type or laser-print this form. Be sure it is completely legible. Read and follow all Instructions, especially Instruction 1a; correct file number of initial financing statement is crucial.

Fill in form very carefully, mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Send completed form and any attachments to the filing office, with the required fee

ITEM INSTRUCTIONS

A and B. To assist filing offices that might wish to communicate with filer, filer may provide information in item A and item B. These items are optional.
 C. Complete item C if filer desires an acknowledgment sent to them. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form the Acknowledgment Copy or a carbon or other copy of this form for use as an acknowledgment copy.

Always complete items 1a and 9.

- 1a **File Number.** Enter file number of initial financing statement to which this Amendment relates. Enter only one file number. In some states, the file number is not unique; in those states, also enter in item 1a, after the file number, the date that the initial financing statement was filed.
- 1b If this Amendment is to be filed in the real estate records or in any other filing office where the name of current Debtor is required for indexing purposes, check the box in item 1b <u>and</u> enter Debtor name in item 13 of Amendment Addendum (Form UCC3Ad). Complete item 13 in accordance with instructions on Amendment Addendum (Form UCC3Ad). If Debtor does not have an interest of record, enter the name and address of the record owner in item 16 of Amendment Addendum (Form UCC3Ad).

Note: Show purpose of this Amendment by checking box 2, 3, 4, 5, or 8 (in items 5 and 8 you must check additional boxes); also complete items 6, 7, and/or 8 as appropriate. Some, but not all filing offices accept multiple actions on an Amendment. Filing offices that accept multiple actions may charge an additional fee. Some filing offices that accept multiple actions may only index one of the actions requested. Consult the administrative rules of the designated filing office to determine the extent to which multiple actions will be accepted, indexed, and the applicable filing fees for multiple actions.

- 2 Termination. To terminate the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 2. See Instruction 9 below
- 3. Assignment. To assign (1) some or all of Assignor's right to amend the identified financing statement, or (2) the Assignor's right to amend the identified financing statement with respect to some (but not all) of the collateral covered by the identified financing statement. Check box in item 3 and enter name of Assignee in item 7a or 7b; always enter the Assignee's mailing address in item 7c. Also enter name of Assignor in item 9. If assignment affects the right to amend the financing statement with respect to some (but not all) of the collateral covered by the identified financing statement, check the ASSIGN collateral box and indicate the particular collateral covered in item 8.
- 4. Continuation. To continue the effectiveness of the identified financing statement with respect to the security interest(s) of authorizing Secured Party, check box in item 4. See Instruction 9 below.
- 5-7 Party Information Change. To indicate a party information change, check this box; also check additional boxes (as applicable) and complete items 5, 6, and/or 7 as appropriate.

To change the name and/or address of a party (items 5, 6, and 7). Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; and check the CHANGE name and/or mailing address box in item 5 and enter name of affected party (current record name) in item 6a or 6b; and repeat or enter the new name in item 7a or 7b; always enter the party's mailing address in item 7c.

To <u>add</u> a party (items 5 <u>and</u> 7) Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record; <u>and</u> check the ADD name box in item 5 and enter the added party's name in item 7a or 7b; always enter the party's mailing address in item 7c. For additional Debtors or Secured Parties, attach Amendment Additional Party (Form UCC3AP), using correct name format.

To <u>delete</u> a party (items 5 <u>and</u> 6) Check box in item 5 to indicate whether this Amendment relates to a Debtor or Secured Party of record, <u>and</u> check the DELETE name box in item 5 and enter the deleted party's name in item 6a or 6b.

Collateral Change. To indicate a collateral change, check this box, also check additional box (as applicable) and describe the change in item 8.
 If space in item 8 is insufficient, continue collateral description in item 14 of Amendment Addendum (Form UCC3Ad). Do not include social security numbers or other personally identifiable information.

To add collateral: Check the ADD collateral box in item 8 and indicate the additional collateral.

To delete collateral: Check the DELETE collateral box in item 8 and indicate the deleted collateral. A partial release is a DELETE collateral change

To restate covered collateral description: Check the RESTATE covered collateral box in item 8 and indicate the restated collateral.

To <u>assign</u> the right to amend the financing statement with respect to part (but not all) of the collateral covered by the identified financing statement: Comply with Instruction 3 above and check the ASSIGN collateral box in item 8.

If, due to a full release of collateral, filer no longer claims a security interest under the identified financing statement, check box in item 2 (Termination) and not a box in item 8 (Collateral Change).

- Name of Authorizing Party. Enter name of party of record authorizing this Amendment. In most cases, the authorizing party is the Secured Party of record. If this is an Amendment (Assignment), enter Assignor's name in item 9a or 9b. If this is an Amendment (Termination) authorized by a Debtor, check the box in item 9 and enter the name of the Debtor authorizing this Amendment in item 9a or 9b. If this Amendment (Termination) is to be filled or recorded in the real estate records, also enter, in item 12 of Amendment Addendum (Form UCC3Ad), the name of Secured Party of record. If there is more than one authorizing Secured Party or Debtor, enter additional name(s) in item 14 of Amendment Addendum (Form UCC3Ad).
- 10 Optional Filer Reference Data. This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 10 any identifying information that filer may find useful. Do not include social security numbers or other personally identifiable information



State of Rhode Island and Providence Plantations Department of State - Business Services Division 148 W. River Street, Providence. Rhode Island 02904-2615 Phone: (401) 222-3040 | Email: corporations@sos ri.gov | Website: www.sos.ri.gov

Uniform Commercial Code (UCC) Filing Information

Hours for filing:	Public Counter: Monday – Friday 8:30 AM to 4:30 PM Online filing – 24/7
Information Requests:	Information on specific filings of record with this office will not be given over the Telephone; only general information will be available. UCC11 Information Requests cannot be ordered over the telephone. All filings must be communicated in writing.
Filing Fees:	Filings must be communicated in writing and will not be accepted unless accompanied by the minimum filing fee. Checks are to be made payable to the Rhode Island Department of State. We accept VISA, MasterCard, Discover, and American Express for all over-the-counter and online transactions. A small enhanced access fee is charged for all credit card transactions. See our website for more information on enhanced access fees.
Refunds:	Refunds will be issued for duplicate payments and rejected documents not corrected within 30-days from the date the filing was submitted to this office. Refunds will not be issued for valid transactions and overpayments in the amount of \$10 or less. Enhanced access fees are not refundable. To request a refund or view our refund policy click