-		
-		
-		
-		
-		
-		
-		
-		
-		
-		
- -		_

RISOS Filing Number	: 20202259264	0 Dat	te: 4/13/2020 4	:06:00 F	PM	
UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS	MENDMENT					
A NAME & PHONE OF CONTACT AT FILER (option Name, Wolters Kluwer Lien Solutions Phone, 8	al) 600-331-3282 Fax: 818	3-662-41 41]			
B E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		-	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Add	ress) 317121 - BANK	OF	1			
Lien Solutions P.O. Box 29071	746025	46				
Glendale, CA 91209-9071	RIRI		İ			
1	FIXTUF	RF ,				
File with: Secretary of		``	THE ABOVE	SPACE IS E	OR FILING OFFICE U	SE ONI V
la INITIAL FINANCING STATEMENT FILE NUMBER		<u> </u>	b This FINANCING ST	TATEMENT AN	IENDMENT is to be filed [f	
201515284840 7/2/2015 SS RI				nt Addendum (Fo	rm UCC3Ac) <u>and</u> provide Deb	
PLITERMINATION: Effectiveness of the Financing State Statement	ement identified above is te	minated with	respect to the security inter	est(s) of Secur	ed Party authorizing this T	emnination
 ASSIGNMENT (full or partial). Provide name of Assi For partial assignment, complete items 7 and 9 and 	gnee in item 7a or 7b, <u>and</u> also indicate affected colla	address of Ass teral in item 8	igned in item 7c and name	of Assignor in	item 9	
CONTINUATION Effectiveness of the Financing Stational period provided by applications.	etement identified above will cable law	th respect to th	e security interest(s) of Sei	cured Party aut	horizing this Continuation	Statement is
PARTY INFORMATION CHANGE.			·	_		
Check one of these two boxes	AND Check one of the CHANGE			Diname Comple	nto itom DELETT name	Give record name
This Change affects Debtor or Secured Party of re	ecord Hem 6a or	6b, and item 7a	or 7b <u>and</u> item 7c 7a c	or /b, and item ?	7c] to be detected in	
CURRENT RECORD INFORMATION Complete for Par 6a ORGANIZATIONS NAME	ty Information Change - pro	vide only one	name (6a or 6b)			
ISLAND ENTERPRISES						
DR 65. INDIVIDUAL'S SURNAME	FI	RST PERSONAL	NAME	ОПССА	NAL NAME (SYINITIAL(S)	SJFFIX
7. CHANGED OR ADDED INFORMATION Complete to: Associate ORGANIZATION'S NAME.	erment or Party Information Change	- provide only pr	e name (7a or 7b) (use exact, full	rame, do noi oms	modify, or addressure any part of II	re Debtor's name)
OR 75 INDIVIDUAL'S SURNAME					<u>- u_</u>	
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>		
INDIVIDUAL STRIST PERSONAL NAME						
(S) INTINIVE) SHAM IAMOITICCA S' IAUDIVIONI			<u></u>	 -		SUFFIX
/c MARLING ADDRESS	C	TY .		STATE	POSTAL GODE	COUNTRY
					<u>L</u> .	
COLLATERAL CHANGE Also check one of the	se four boxes ADD co	llateral	DELETE coffateral	. RESTATE	covered collateral	ASSIGN collatera
Indicate collateral						
, NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR, check to	HORIZING THIS AMEND			b) (name of Ass	signor, if this is an Assignin	ent)
9a ORGANIZATION'S NAME Bank of America, N.A.						
OR 96 INDIVIDUAL'S SURNAME		RST PERSONAL	NAME	Lantonio	NAL ALABASIS OF THE TOTAL CO.	Тепило
	F1	SOFFERSUNAL	HAYE	AUUITIO	NAL NAME(SYINITIAL(S)	SUFFIX
OPTIONAL FILER REFERENCE DATA. Debtor Nar	ne: ISLAND FNTERPI	RISES	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
24602546	IOU HID CITICINE					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS		-			
	NITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendi 515284840 7/2/2015 SS RI	ment form	-			
_	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as ilom 9 on Am	endment form				
	12a ORGANIZATION'S NAME		·			
	Bank of America, N.A.					
OR						
	126 INDIVIDUAL'S SURNAME	-		•		
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
_					SPACE IS FOR FILING OFFICE US	
13 1	Name of DEBTOR on related financing statement (Name of a current Debtor of xie Debtor name (13a or 13b) (use exact, full name; do not om t, modify, or abt	record require breviate any pa	d for indexing art of the Debt	purposes only in som or's name), see Instri	ne filing offices - see Instruction item actions if name does not fit	13): Provide only
	134 CRGANIZATIONS NAME ISLAND ENTERPRISES					
OR	130 INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME		(2) INTIMIY(2) SMAIN JAINOTHICCA	SUFFIX
<u> </u>	ADDITIONAL SPACE FOR ITEM 8 (Collateral).	L			<u>. </u>	
Deb	tor Name and Address: ND ENTERPRISES - 2010 Mineral Spring Ave , North Providen	re RI 0201	1			
		00, 111 0251	•			
Ban	ured Party Name and Address: k of America, N.A 150 N. College St. NC1-028-27-05, Charlotte	e, NC 28255	5			
15. 7	his FINANCING STATEMENT AMENDMENT		17 Descripti	on of real estate		
	covers timber to be cut. Covers as extracted collateral. X is filed as	a fixture filing	1	/lineral Spri	ηα Δνα	
16 N	lame and address of a RECORD OWNER of real estate described in item 17. Debtor does not have a record interest).	<u> </u>	7-01011	Providence		
,	States Goes not have a record interesty		livoluri	Tovidence	KI 02911	
18. N	IISCELLANEOUS 74502546-RI-C 517121 BANK OF AMERICA PB D Bank of A	Americal, N.A.	<u> </u>	File with Secretary of St	late, RI	
				•		