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A NAME & PHONE OF CONTACT AT FILER (optional) Name. Wolfers 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) 24839 - Wells Fargo CDF Lien Solutions 74902324 P.O. Box 29071 Glendale, CA 91209-9071  RIRI  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1a INITIAL FINANCING STATEMENT AMENDMENT is to be filled ffor record) 1or recorded in the REAL ESTATE RECORDS Fire 218th Amendment Addredum (Furn (2CCAd)) and provide Destate name in them 13  TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement assignment, complete items 7 and 9 and also indicate affected collateral in item 8  CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Sincurrid Party authorizing this Continuation Statement is continued for the additional period provided by applicable law								
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OR 66 INDIVIDUAL'S SURNAME   PRIST PERSONAL NAME   ADDITIONAL NAME(SYNITIAL(S)   SUFFIX    7. CHANCED OR ADDED INFORMATION   Complete for Assignment on Party Information Change   provide only one mane (2a on 7b) state exact for name, conduction entry, or abheronic style and other Changes    7. CHANCED OR ADDED INFORMATION   Complete for Assignment on Party Information Change   provide only one mane (2a on 7b) state exact for name, conduction entry, or abheronic style and other Changes    7. CHANCED OR ADDED INFORMATION   Complete for Assignment on Party Information String on Party In	6. CI		rmation Change -	provide only <u>one</u>	name (6a or 6b)			
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7.9 INDIVIDUAL'S ADDITIONAL NAME: SYNITIAL(S)  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 Ameridment authorized by a DEBTOR check here and provide name of authorizing Deptor  9. SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  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 Ameridment authorized by a DEBTOR check here and provide name of authorizing Deptor  9. ORGANIZATIONS NAME  SECOMMERCIAL DISTRIBUTION FINANCE CORPORATION  OR  9. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  ADDITIONAL NAME(SYNITIAL(S))  SUFFIX  10. OPTIONAL FILER REFERENCE DATA Deptor Name: AQUIDNECK POOLS & SPAS INC.	OR	66 INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
Wells Fargo Commercial Distribution Finance, LLC  75 INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL HAME(SYNITIAL(S)  76 MAILING ADDRESS  TO MAILING ADDRESS  STATE POSTAL COOF  COUNTRY  Hoffman Estates  IL 60192  USA  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of ASS gook, if this is an Assignment)  If this is an Amendment authorized by a DEBTOR check here in and provide name of authorizing Design  9. ORGANIZATIONS NAME  GE COMMERCIAL DISTRIBUTION FINANCE CORPORATION  OR  9. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  ADDITIONAL NAME(SYNITIAL(S)  SUFFIX  SUFFIX  10. OPTIONAL FILER REFERENCE DATA Deptor Name: AQUIDNECK POOLS & SPAS INC.	7 C	HANGED OR ADDED INFORMATION   Complete for Assignment of	or Purty information Ch	ange - provide only or	e name (7a or 7b) (use exact ful name	nė, do nation≡i,	modify, or abbreviate any part of t	he Debky's name;
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RI SOS Filing Number: 202022659370 Date: 5/5/2020 10:27:00 AM

## **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOL	LOW INSTRUCTIONS					
	IITIAL FINANCING STATEMENT FILE NUMBER Same as ilem 1a on Amend 009039110 9/13/2010 SS RI	Iment form		]		
12 N	IAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as item 9 on Am	nendment fo	ııı	1		
[	12a ORGANIZATION'S NAME			1		
	GE COMMERCIAL DISTRIBUTION FINANCE CORPOR	RATION	<del> </del>	_		
OR	126 INDIVIDUALS SURNAME					
	FIRST PERSONAL NAME					
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	Hame of DEBTOR on related financing statement (Name of a current Debtor of time Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or ab			purposes only in so	me filing offices - see Instruction iter	
_	13g ORGANIZATION'S NAME					
OR	AQUIDNECK POOLS & SPAS INC.	Leiber	FAL 41 41417		Language	10
	136 INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
15 -	This FINANCING STATEMENT AMENDMENT		17. Descrip	otion of real estate		
16	covers timber to be cut. covers as-extracted collateral is filed as Name and address of a RECORD OWNER of real estate described in item 17 of Debtor does not have a record interest).	s a fixture fil	1 '			
18. (	MISCELLANEOUS 74902324-RI-0 24839 - Weis Fargo COF - Ma GF COI	IMMERCIAL D	ISTRIBUTION	File with Secretary of	State, RI CDF OPG	