

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Ashley Ricard																								
B. E-MAIL CONTACT AT FILER (optional) Ashley.Ricard@pcu.org																								
C. SEND ACKNOWLEDGMENT TO: (Name and Address) PAWTUCKET CREDIT UNION 1200 CENTRAL AVE PAWTUCKET RI, 02861																								
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																								
1a. INITIAL FINANCING STATEMENT FILE NUMBER FILING NUMBER: 201515205070			1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File Attach Amendment Addendum (Form UCC3A3) 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 Statement.																								
3. ☐ ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b, and address 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. Check one of these two boxes: AND Check one of these three boxes to: This Change affects ☐ Debtor or ☐ Secured Party of record. ☐ CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c. ☐ ADD name. Complete item 7a or 7b and item 7c. ☐ DELETE name. Give record name to be deleted in item 6a or 6b.																								
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b): <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a. ORGANIZATION'S NAME STAFFORDSHIRE HOLDINGS LLC</td></tr><tr><td style="width: 40%; padding: 5px;">OR 6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME STAFFORDSHIRE HOLDINGS LLC				OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX												
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7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name): <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">7a. ORGANIZATION'S NAME</td></tr><tr><td colspan="4" style="padding: 5px;">OR 7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td></tr><tr><td colspan="4" style="padding: 5px;">SUFFIX</td></tr></table>					7a. ORGANIZATION'S NAME				OR 7b. INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX			
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7c. MAILING ADDRESS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; padding: 5px;">11 EVERETT AVENUE</td><td style="width: 15%; padding: 5px;">CITY BRISTOL</td><td style="width: 10%; padding: 5px;">STATE RI</td><td style="width: 15%; padding: 5px;">POSTAL CODE 02809</td><td style="width: 20%; padding: 5px;">COUNTRY USA</td></tr></table>					11 EVERETT AVENUE	CITY BRISTOL	STATE RI	POSTAL CODE 02809	COUNTRY USA															
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral Indicate collateral:																								
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). (This is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor.) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">9a. ORGANIZATION'S NAME PAWTUCKET CREDIT UNION</td></tr><tr><td style="width: 40%; padding: 5px;">OR 9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%; padding: 5px;">SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME PAWTUCKET CREDIT UNION				OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX												
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10. OPTIONAL FILER REFERENCE DATA TO BE FILED WITH THE STATE OF RHODE ISLAND																								