

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address) 44818 - Lendeavor, Inc.	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	75416592 RIRI

File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

202022701060 5/13/2020 SS RI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer must 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 Statement3. ☐ 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. ☐ DELETED 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)

6a. ORGANIZATION'S NAME

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)

7a. ORGANIZATION'S NAME

INTEGRATED DENTAL CARE, P.C.

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	CITY	STATE	POSTAL CODE	COUNTRY
310 Maple Ave #107	Barrington	RI	02806	USA

8. ☐ COLLATERAL CHANGE Also check one of these four boxes: ☐ ADD collateral ☐ DELETED collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral. Indicate collateral.

9. NAME OF SECURED PARTY or 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

LENDEAVOR, INC.

OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA Debtor Name: MAPLE AVENUE FAMILY DENTISTRY, P.C.

75416592

Barone

11303

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

202022701060 5/13/2020 SS RI

12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

LENDEAVOR, INC.

OR 12b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a ORGANIZATION'S NAME

MAPLE AVENUE FAMILY DENTISTRY, P.C.

OR 13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14 ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:

MAPLE AVENUE FAMILY DENTISTRY, P.C. - 310 Maple Ave #107, Barrington, RI 02806

INTEGRATED DENTAL CARE, P.C. - 310 Maple Ave #107, Barrington, RI 02806

Secured Party Name and Address:

LENDEAVOR, INC. - 268 BUSH ST., #2921, SAN FRANCISCO, CA 94104

15 This FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

17. Description of real estate

16 Name and address of a RECORD OWNER of real estate described in item 17
(If Debtor does not have a record interest)