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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT 	_			
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 F	fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
	JPMORGAN				
<u> </u>	243164	ţ			
P.O. Box 29071	•				
Glendale, CA 91209-9071 RIF	XI ,				
File with: Secretary of State, RI		THE ABOVE SPACE	CE IS FO	R FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	<u> </u>	1b. This FINANCING STATEM	MENT AME	NDMENT is to be filed [f	
725506 3/5/2001 SS RI		Filer: attach Amendment Add	endum (Forr	n UCC3Ad) and provide Debi	
TERMINATION: Effectiveness of the Financing Statement identified a Statement	ibove is terminated with	respect to the security interest(s)	or secure	1 Faily additionaling this in	, i i i i i i i i i i i i i i i i i i i
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affective.	r 7b, <u>and</u> address of As ected collateral in item 8	ssignee in item 7c <u>and</u> name of As	ssignor in i	em 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to	he security interest(s) of Secured	Party auth	orizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	als one of those three has	on to:			
Check <u>one</u> of these two boxes:  This Change affects Debtor or Secured Party of record	ck <u>one</u> of these three box CHANGE name and/or a item 6a or 6b; <u>and</u> item 1	address: CompleteADD nam	e: Comple and item 7		: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch					
Ba. ORGANIZATION'S NAME PUTNAM & EWING, INC.					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	VAL NAME(SVINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide only	one name (7a or 7b) (use exact, full name;	do not omit, r	nodify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME					
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	<u>.</u>			· · · · · · · · · · · · · · · · · · ·	<del></del>
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY	· · ·	STATE	POSTAL CODE	COUNTRY
	ADD collectored	DELETE collateral	DESTATE	covered collateral	ASSIGN collateral
COLLATERAL CHANGE: Also check one of these four boxes:     Indicate collateral:	ADD collateral		NEGIAIL	covered conateror	_
					`
9, NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT: F	rovide only <u>one</u> name (9a or 9b) (i	name of As	signor, if this is an Assign	ment)
If this is an Amendment authorized by a DEBTOR, check here and	provide name of authoria	zing Debtor			<del></del>
93. ORGANIZATION'S NAME JPMORGAN CHASE BANK, NATIONAL ASSOC   CHASE MANHATTAN BANK	IATION AS COLI	_ATERAL AGENT F/K/A	JPMOF	RGAN CHASE BA	NK F/K/A THE
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: PUTNA	M & EWING INC			}	
77243164 0000099877					

RI SOS Filing Number: 202023760390 Date: 10/19/2020 10:45:00 AM

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	LOW INSTRUCTIONS								
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as ite 506 3/5/2001 SS RI	em 1a on Amendmer	nt form						
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same	as item 9 on Ameno	iment form						
	12a. ORGANIZATION'S NAME JPMORGAN CHASE BANK, NATIONAL AS AGENT F/K/A JPMORGAN CHASE BANK I	SOCIATION A	S COLLATERAL						
	MANHATTAN BANK								
OR	12b. INDIVIDUAL'S SURNAME								
į	FIRST PERSONAL NAME								
		1							
	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
13.	Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name; do not or	current Debtor of rec mit, modify, or abbre	cord required for indexing viate any part of the Deb	purposes only in son tor's name); see Instr	ne filing offices - see Instruction item actions if name does not fit	13): Provide only			
ļ	13a. ORGANIZATION'S NAME		<u></u>	*					
OR	13b. INDIVIDUAL'S SURNAME	PUTNAM & EWING, INC.  35 INDIVIDUAL'S SURNAME  FIRST PER			ADDITIONAL NAME(S)/INTTIAL(S)	SUFFIX			
	135. INDIVIDUALS SURVAINE	ľ							
Sec JPN MATH GC 1) 15	TNAM & EWING, INC 67 MILLBROOK STREET cured Party Name and Address: MORGAN CHASE BANK, NATIONAL ASSOCIATION NHATTAN BANK - P.O. BOX 4893 , HOUSTON, TE CHASE MANHATTAN BANK AS COLLATERAL LD CROWN MANAGERS ACCEPTANCE CORP.  THE CHASE MANHATTAN BANK AS COLLATER GOLD CROWN MANAGERS ACCEPTANCE COR	ON AS COLLATI TX 77252 AGENT - P.O. B - 921 PARK DRI AL AGENT P.	ERAL AGENT F/K/A BOX 4893 , HOUSTO IVE, SUITE A , LAKE	N, HARRIS COL	INTY, TX 77252	SE			
16	. Name and address of a RECORD OWNER of real estate des (if Debtor does not have a record interest):	scribed in item 17							