

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) 18135 - M&T BANK - <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 45%; padding-top: 10px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 45%; text-align: center; padding-top: 10px;">81991657 RIRI FIXTURE</div></div>																				
File with: Secretary of State, RI																				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201717623230 2/10/2017 SS RI																				
1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File with: Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.																				
2. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.																				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b). <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4" style="padding: 5px;">6a. ORGANIZATION'S NAME Whitney's William Properties, LLC</td></tr><tr><td style="width: 40%; padding: 5px;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					6a. ORGANIZATION'S NAME Whitney's William Properties, LLC				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 <u>one</u> 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;">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4" style="padding: 5px;">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="3" style="padding: 5px;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td><td style="padding: 5px;">SUFFIX</td></tr></table>					7a. ORGANIZATION'S NAME				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;"></td><td style="width: 20%; padding: 5px;">CITY</td><td style="width: 10%; padding: 5px;">STATE</td><td style="width: 20%; padding: 5px;">POSTAL CODE</td><td style="width: 10%; padding: 5px;">COUNTRY</td></tr></table>						CITY	STATE	POSTAL CODE	COUNTRY											
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8. <input type="checkbox"/> COLLATERAL CHANGE Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral. Indicate collateral: All Fixtures and Equipment now owned or hereafter affixed to and used in connection with the premises known as 82 William Street, Newport, Rhode Island 02840 further described on the attached Schedule "A", and any and all replacements thereof and additions thereto, and any proceeds, rents, issues, profits and accounts arising therefrom.																				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> 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 Manufacturers and Traders Trust Company</td></tr><tr><td style="width: 40%; padding: 5px;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 30%; padding: 5px;">FIRST PERSONAL NAME</td><td style="width: 20%; padding: 5px;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 10%; padding: 5px;">SUFFIX</td></tr></table>					9a. ORGANIZATION'S NAME Manufacturers and Traders Trust Company				9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
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10. OPTIONAL FILER REFERENCE DATA Debtor Name: Whitney's William Properties, LLC 81991657 001-2317 20643189																				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201717623230 2/10/2017 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME Manufacturers and Traders Trust Company	
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 Whitney's William Properties, LLC			
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:

Whitney's William Properties, LLC - P.O Box 1348 , Newport, RI 02840

Secured Party Name and Address:

Manufacturers and Traders Trust Company - One M&T Plaza , Buffalo, NY 14203

15. This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing	17 Description of real estate State: RI
16. Name and address of a RECORD OWNER of real estate described in item 17 (If Debtor does not have a record interest)	