RI SOS Filing Number: 202125388960 Date: 8/19/2021 3:32:00 PM

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	CC FINANCING STATEMENT AMENDI	MENT	T				
	NAME & PHONE OF CONTACT AT FILER (optional)			1			
B.	E-MAIL CONTACT AT FILER (optional)						
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ľ.	SEND ACKNOWLEDGMENT TO: (Name and Address)		_				
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10.	INITIAL FINANCING STATEMENT FILE NUMBER			1b. The FINANCING STATI	EMENT AMENOME	NT is to be Med (for r	
_2	00604199050 filed on 10/20/06			for recorded) in the REA	LL EBTATE RECOF diardon (Form UCC	RIOS SAdygogi provide Debter	's name in item 13
2.[TERMINATION: Effectiveness of the Financing Statement identifications.	Med above	e is terminated w	rith respect to the security inter	est(s) of Secured F	Party authorizing this '	Termination
3. [ASSIGNMENT (full or perfel): Provide name et Assignes in Itali For perfel essignment, complete items 7 and 9 and state indicate a				of Assignar in Itali	n 9	
4.	CONTINUATION: Effectiveness of the Financing Siztement ide continued for the additional period provided by applicable law	endified abo	ove with respect	to the security interest(s) of Se	icured Perty author	rizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE:						
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	This Change affects Debter or Secured Party of record	item 8e	or St. And Sem ?	a or 70 <u>and</u> lism 7c 7a or 7	b, <u>and</u> item 7c	to be deleted in it	
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