

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) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 83315756 RIRI File with: Secretary of State, RI | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------------|---|---------------|---|--------|----|-------|-----|--|--|--|---------------------------------|----------------------------|--------------------------------------|---------------|----------------------------------|--|--|--|--|--|--|--|--------|--|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 202125393630 8/20/2021 SS RI | | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. For: attach 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 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 checked="" type="checkbox"/> PARTY INFORMATION CHANGE Check <u>one</u> of these two boxes: <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check one of these three boxes to: This Change affects: <input checked="" type="checkbox"/> CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c. <input checked="" 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 one name (6a or 6b) <table border="1"><tr><td colspan="4">6a. ORGANIZATION'S NAME</td></tr><tr><td colspan="4">OR</td></tr><tr><td>6b. INDIVIDUAL'S SURNAME</td><td>FIRST PERSONAL NAME</td><td>ADDITIONAL NAME(S) INITIAL(S)</td><td>SUFFIX</td></tr></table> | | | | 6a. ORGANIZATION'S NAME | | | | OR | | | | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX | | | | | | | | | | | | |
| 6a. ORGANIZATION'S NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | |
| 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"><tr><td colspan="4">7a. ORGANIZATION'S NAME Platinum Properties LLC</td></tr><tr><td colspan="4">OR</td></tr><tr><td colspan="4">7b. INDIVIDUAL'S SURNAME</td></tr><tr><td colspan="4">INDIVIDUAL'S FIRST PERSONAL NAME</td></tr><tr><td colspan="4">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</td></tr><tr><td colspan="4">SUFFIX</td></tr></table> | | | | 7a. ORGANIZATION'S NAME Platinum Properties LLC | | | | OR | | | | 7b. INDIVIDUAL'S SURNAME | | | | INDIVIDUAL'S FIRST PERSONAL NAME | | | | INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) | | | | SUFFIX | | | |
| 7a. ORGANIZATION'S NAME Platinum Properties LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OR | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7b. INDIVIDUAL'S SURNAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7c. MAILING ADDRESS <table border="1"><tr><td>248 Barden Lane</td><td>Warren</td><td>RI</td><td>02885</td><td>USA</td></tr></table> | | | | 248 Barden Lane | Warren | RI | 02885 | USA | | | | | | | | | | | | | | | | | | | |
| 248 Barden Lane | Warren | RI | 02885 | USA | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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). If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor.

| | | | |
|---|----------------------------|--------------------------------------|---------------|
| 9a. ORGANIZATION'S NAME CREDIBLY OF ARIZONA LLC | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S) INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: 28 Child St LLC
83315756

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

202125393630 8/20/2021 SS RI

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

12a. ORGANIZATION'S NAME

CREDIBLY OF ARIZONA LLC

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

28 Child St 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:

28 Child St LLC - 48 Barden Lane , Warren, RI 02885

450 Main St LLC - 248 Barden Lane , Warren, RI 02885

Platinum Properties LLC - 248 Barden Lane , Warren, RI 02885

Secured Party Name and Address:

CREDIBLY OF ARIZONA LLC - 25200 Telegraph Rd #350 , Southfield, MI 48033

15. THIS FINANCING STATEMENT AMENDMENT:

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

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

17. Description of real estate

18. MISCELLANEOUS 833-5756-RI-0

CREDIBLY OF ARIZONA LLC

File with Secretary of State, RI