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| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS | Τ | | | | |
| A NAME & PHONE OF CONTACT AT FILER (optional) Name Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax | c 818-662-4141 |] | | | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | | | | | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) 14383 - BE | RKSHIRE | 1 | | | |
| | 02376 | | | | |
| P.O. Box 29071 Glendale, CA 91209-9071 RIRI | J2370 | | | | |
| 1 | 1 | | | | |
| File with: Secretary of State, RI | | THE ABOVE SPA | CE IS FO | OR FILING OFFICE US | E ONLY |
| 1a INITIAL FINANCING STATEMENT FILE NUMBER 201211313880 6/18/2012 SS RI | | 1b:This FINANCING STATE (or recorded) in the REA | MENT AM L'ESTATE | ENDMENT is to be filed (fo | r record) |
| TERMINATION: Effectiveness of the Financing Statement identified above Statement | ve is terminated with | | | | |
| 3 [] ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 78 For partial assignment, complete items 7 and 9 and also indicate affecte | o, <u>and</u> address of As d collateral in item 8 | signee in item 7c and name of A | ssignor in | Item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable faw. | | | Party aut | norizing this Continuation S | tatement is |
| 5 PARTY INFORMATION CHANGE | | · · · | | | |
| | ne of these three box | | | | |
| This Change affects Debtor or Secured Party of record Item | ANGE name and/or a n 6a or 6b, <u>and</u> ilem 7 | alor 7bi <u>aniç</u> iden: 7c 7alor 7b, | ne Comple and item 7 | to be deleted in | Give record name item 6a or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Information Changes GRIGHNIZATION'S NAME | e - provide only one | name (6a or 6b) | | | |
| BRITO EQUITIES, LLC | | | | | |
| OR SO INDIVIDUAL'S SURNAME | FIRST PERSONA | LNAME | ADDITIO | NAL NAME(S) INITIAL(S) | SUFFIX |
| 7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information | | | | | <u> </u> |
| 7.4 ORGANIZATION'S NAME | (Change - provide only g | ne name (7a or 7b) (use exact, full name | do not omit, i | nodify: or abbreviate any part of the | Debtor's name) |
| OR | | | _ | | |
| 76 INDIVIDUAL'S SURNAME | | | | | |
| INCAVIDUAL'S FIRST PERSONAL NAME | | | | | ~ - |
| | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(SPINITIAL(S) | | | | | SUFFIX |
| 7c MAILING ADDRESS | CITY | <u> </u> | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| 8. COLLATERAL CHANGE Also check one of these four boxes Also | ADD collateral | DELETE collateral F | RESTATE | covered collateral | ASSIGN collateral |
| Indicate collateral | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A If this is an Amendment authorized by a DEBTOR, check here. and provide | MENDMENT: Pro to name of authorizing | | ame of Ass | ignor, if this is an Assignme | mt) |
| 9a ORGANIZATIONS NAME | | y = 1-101 | | | - |
| SAVINGS INSTITUTE BANK AND TRUST COMPAN | | | - | | • |
| 96 INCIVIDITAL'S SURNAME | FIRST PERSONA | L NAME | ADDITICI | NAL NAME(S):INITIAL(S) | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA Debtor Name, BRITO EQUI | TIES LLC | | 1 | <u> </u> | 1 |
| 84402376 9999 AUTO CONTINUATIO | | | | ***** | |

RI SOS Filing Number: 202226227230 Date: 1/19/2022 2:19:00 PM

| | NITIAL FINANCING STATEMENT FILE NUMBER Same as it | tern 1a on Amendment form | | | | |
|---------------------------------------|--|---|--------------------------------|--|--|---------|
| | I211313880 6/18/2012 SS RI NAME OF PARTY AUTHORIZING THIS AMENDMENT Sami | e as item 9 on Amendment f | orm | | | |
| | 120 ORGANIZATION'S NAME SAVINGS INSTITUTE BANK AND TRUST | | | | | |
| | SAVINGS INSTITUTE BANK AND TRUST | COMPANY | | | | |
| OR | | | | | | |
| 0.1 | 12E INCAVIDIJAL'S SURNAME | | | | | |
| | FIRST PERSONAL NAME | | | | | |
| | ADDITIONAL NAME(S):INITIAL(S) | | Suffix | | | |
| | ASSITISANCE MARKETS, INTERACTOR | | SU-FIX | THE ABOVE | SPACE IS FOR FILING OFFICE US | SE ONLY |
| 13 | Name of DEBTOR on related financing statement (Name of a one Debtor name (13a or 13b) (use exact, full name, do not o | current Deblor of record req | uired for indexing i | ourposes only in sor | ne filing offices - see Instruction iten | |
| | 130 ORGANIZATION'S NAME | | n, parcor the Debt | na lame), see iist. | | |
| OR | BRITO EQUITIES, LLC | | | | | |
| OK | 135 INDIVIDUALS SURNAME | FIRST PEI | RSONAL NAME | | ADDITIONAL NAME/S/INITIODA | SUFFIX |
| _ | | | | | | I |
| Del BR Sec | ADDITIONAL SPACE FOR ITEM 8 (Collideral) offer Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET, RU sured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' WPORT FEDERAL SAVINGS BANK - 100 BELLE | Y - 803 MAIN STREET | , WILLIMANTIO OX 210 , NEWF | C, CT 06226 PORT, RI 02840 | | |
| Del BR Sec SA NE | otor Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET , RU cured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' | Y - 803 MAIN STREET | , WILLIMANTI OX 210 , NEWF | C, CT 06226 PORT, RI 02840 | | |
| Del BR Sec SA NE | otor Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET , RU cured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' WPORT FEDERAL SAVINGS BANK - 100 BELLE | Y - 803 MAIN STREET | , WILLIMANTI OX 210 , NEWF | C, CT 06226 PORT, RI 02840 | | |
| Del BR Sec SA | otor Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET , RU cured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' WPORT FEDERAL SAVINGS BANK - 100 BELLE | Y - 803 MAIN STREET | , WILLIMANTI OX 210 , NEWI | C, CT 06226 PORT, RI 02840 | | |
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| Del BR Sec SA: NE 1) I | otor Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET , RU cured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' WPORT FEDERAL SAVINGS BANK - 100 BELLE | Y - 803 MAIN STREET | OX 210 . NEW | C, CT 06226 PORT, RI 02840 on of real estate | | |
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| Del BR Sec SA NE 1) I | otor Name and Address: ITO EQUITIES, LLC - 160 CENTRE STREET, RU Bured Party Name and Address: VINGS INSTITUTE BANK AND TRUST COMPAN' WPORT FEDERAL SAVINGS BANK - 103 BELLE NEWPORT FEDERAL SAVINGS BANK This FINANCING STATEMENT AMENDMENT | Y - 803 MAIN STREET VUE AVENUE. P.O. Bo | OX 210 , NEWF | PORT, RI 02840 | | |
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Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (600) 331-3282

9999 AUTO CONTINUATION DEFAULT

SAVINGS INSTITUTE BANK AND

File with Secretary of State, RI

18 MISCELLANEOUS 84402376 RI-0 14383 - BERKSHIRE BANK