RI SOS Filing Number:	202226763440 Da	te: 4/29/2022 2:28	5:00 P	IVI	
UCC FINANCING STATEMENT AN FOLLOW INSTRUCTIONS	MENDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional Name, Wolters Kluwer Lien Solutions Phone 80		7			
B. F-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		1			
C SEND ACKNOWLEDGMENT TO: (Name and Addre	ess) 6529 - Popular	1			
Lien Solutions	86232048				
P.O. Box 29071	•				
Glendale, CA 91209-9071	RIRI				
<b>l</b> 1	1	1			
File with: Secretary of S	state, RI	-		OR FILING OFFICE US	
1a INITIAL FINANCING STATEMENT FILE NUMBER 200704983720 5/18/2007 SS RI		1b. This FINANCING STATE (or recorded) in the RFAI	ESTATE	RECORDS	•
TERMINATION: Effectiveness of the Financing States     Statement	ment identified above is terminated with			m UCC3Ad) <u>and</u> provide Debi id Party authorizing this Te	
ASSIGNMENT (full or partial): Provide name of Assignment, complete items 7 and 9 and a			ssignor in	tom 9	
4 CONTINUATION: Effectiveness of the Financing State	ement identified above with respect to t	he security interest(s) of Secured	Party auth	orizing this Continuation S	Statement is
continued for the additional period provided by applica	adie law				
5 PARTY INFORMATION CHANGE. Check one of these two boxes.	AND Check one of these three box	es lo			
This Change affects Debtor or Secured Party of rec	cord CHANGE name and/or a cord em 6a or 6b, and item 7	ddress: Complete ADO nam a or 7b and item 7c 75 7a or 7b.	e Comple and item 7	te item DELETE name. to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION Complete for Party	Information Change - provide only one	name (6a or 6b)			
DOCKSIDE SCOOPS, LLC					
OR 60 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	NAL NAME(SYINITIAL(S)	SUFFIX
7 CHANGED OR ADDED INFORMATION. Complete for Assent		ne name (7a or 7b) (use exact, full name,	do por orret d	notify or ahbrenase any neg of th	a Daterris marre)
7a ORGANIZATION'S NAME				,	
OR 75 INDIVIDUAL'S SURNAME	<del></del>			····	
70 INDIVIDUAL S SURNAME		·			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	<del></del>	<del></del> -		-· · · · · ·	TSUFFIX
7. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8 COLLATERAL CHANGE Also check one of thesi	e four boxes ADD collateral	DELETE collateral R	507475		100000
8 LJ COLLATERAL CHANGE Also check one of these Indicate collateral	e rour boxes	DELETE COMATETAN N	(ESIAIL (	covered co#ateral	ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTH	ORIZING THIS AMENDMENT: Pro	ovide only one name (9a or 9b) (na	ame of Ass	ignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check he 94 OPGANIZATION'S NAME				<u>-</u>	
Banco Popular North America					
OR 90 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAMF	ADDITION	IAL NAME(SYINITIAL(S)	SUFFIX
	e: DOCKSIDE SCOOPS, LLC				
86232048 19000				70010020367-79001	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

1a on Amendment form		
s item 9 an Amendment form		
<del></del> -		
SUFFIX		
	THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
rent Deblor of record required for indexing p	ourposes only in some fling offices - see Instruction ite	n 13) Provide ont
, modify, or aboreviate any part or the Deoto	or siname); see instructions if name does not fit	
FIRST PERSONAL NAME	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
		İ
semont, IL 60018	on of real estate	
ed in item 17		
	suffix  Tent Deblor of record required for indexing part of the Debto  FIRST PERSONAL NAME  Dividence, RI 02903  semont, IL 60018	THE ABOVE SPACE IS FOR FILING OFFICE U  Tent Deblor of record required for indexing purposes only in some filing offices - see Instruction item modify, or abbreviate any part of the Deblor's name), see Instructions if name does not fit  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  portioned, RI 02903  sermont, IL 60018