

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) 7995 - WEBSTER BANK <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 45%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 50%; text-align: center;">86272763 RIRI</div></div>				
File with: Secretary of State, RI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202022339920 2/7/2020 SS RI			1b <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>File, attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
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 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>				
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 <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 5px;"><div style="width: 45%;"><small>Check <u>one</u> of these two boxes</small> This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="width: 50%;"><small>AND Check one of these three boxes to</small> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> <small>CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c</small></div><div><input type="checkbox"/> <small>ADD name: Complete item 7a or 7b, and item 7c</small></div><div><input type="checkbox"/> <small>DELETE name: Give record name to be deleted in item 6a or 6b</small></div></div></div></div>				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a ORGANIZATION'S NAME</div><div style="width: 95%;">FP SOLUTIONS RI, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 6b INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a ORGANIZATION'S NAME</div><div style="width: 95%;">FP SOLUTIONS RI, LLC</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 7b INDIVIDUAL'S SURNAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 80%;"></div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
7c MAILING ADDRESS				
1150 NEW LONDON TURNPIKE, STE 340			CITY Cranston	STATE RI
			POSTAL CODE 02920	COUNTRY 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 <small>Indicate collateral</small>				
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) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a ORGANIZATION'S NAME</div><div style="width: 95%;">Webster Bank, N.A.</div></div> <div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">OR 9b INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 20%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 15%; text-align: center;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA Debtor Name: FP SOLUTIONS RI, LLC 86272763 7995 4750815244				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

202022339920 2/7/2020 SS RI

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

12a. ORGANIZATION'S NAME

Webster Bank, N.A.

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

FP SOLUTIONS RI, 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:

FP SOLUTIONS RI, LLC - 1150 NEW LONDON TURNPIKE STE 340, Cranston, RI 02920

Secured Party Name and Address:

Webster Bank, N.A. - 436 Slater Road NB 145, New Britain, CT 06053

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