

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) <div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 60%;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="width: 30%; text-align: center;">86575709 RIRI</div></div> <div style="text-align: right; margin-top: 10px;">File with: Secretary of State, RI</div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202226254470 1/26/2022 SS RI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>Filer: 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 checked="" 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 type="checkbox"/> PARTY INFORMATION CHANGE <div style="display: flex; justify-content: space-between;"><div>Check <u>one</u> of these two boxes: <input type="checkbox"/> This Change affects Debtor or <input type="checkbox"/> Secured Party of record</div><div>AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input 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</div></div>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
<div style="display: flex;"><div style="width: 5%; text-align: right;">6a. ORGANIZATION'S NAME</div><div style="width: 95%;">TAVARES CONSTRUCTION, LLC</div></div>				
OR				
<div style="display: flex;"><div style="width: 40%;">6b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
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)				
<div style="display: flex;"><div style="width: 5%; text-align: right;">7a. ORGANIZATION'S NAME</div><div style="width: 95%;">HORIZON BANK</div></div>				
OR				
<div style="display: flex;"><div style="width: 5%; text-align: right;">7b. INDIVIDUAL'S SURNAME</div><div style="width: 95%;"> </div></div>				
<div style="display: flex;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 95%;"> </div></div>				
<div style="display: flex;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 95%;"> </div></div>				
OR				
<div style="display: flex;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S SUFFIX</div><div style="width: 95%;"> </div></div>				
7c. MAILING ADDRESS				
515 Franklin Street		CITY	STATE	POSTAL CODE
		Michigan City	IN	46360
				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 or 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;"><div style="width: 5%; text-align: right;">9a. ORGANIZATION'S NAME</div><div style="width: 95%;">C T Corporation System, as representative</div></div>				
OR				
<div style="display: flex;"><div style="width: 40%;">9b. INDIVIDUAL'S SURNAME</div><div style="width: 20%;">FIRST PERSONAL NAME</div><div style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</div><div style="width: 20%;">SUFFIX</div></div>				
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: TAVARES CONSTRUCTION, LLC 86575709				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

202226254470 1/26/2022 SS RI

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

12a. ORGANIZATION'S NAME

C T Corporation System, as representative

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

TAVARES CONSTRUCTION, 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:

TAVARES CONSTRUCTION, LLC - 1093 Elmwood Avenue , Providence, RI 02907

Secured Party Name and Address:

C T Corporation System, as representative - 330 N Brand Blvd, Suite 700; Attn: SPRS , Glendale, CA 91203

HORIZON BANK - 515 Franklin Street , Michigan City, IN 46360

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: 865/5709-RI-0

C T Corporation System, as

File with Secretary of State, RI