

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) 34785 - BROOKLINE
Lien Solutions 86653527
P.O. Box 29071 RIRI
Glendale, CA 91209-9071
File with: Secretary of State, RI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
201515191940 6/8/2015 SS RI
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)
(or recorded) in the REAL ESTATE RECORDS
Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. 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. 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. 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. Party Information Change
Check one of these two boxes: Debtor or Secured Party of record
AND Check one of these three boxes to: CHANGE name and/or address, ADD name, DELETE name

6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)
6a ORGANIZATION'S NAME: DIGITAL OCTANE LLC
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 one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)
7a ORGANIZATION'S NAME: Linchpin LLC
OR
7b INDIVIDUAL'S SURNAME, INDIVIDUAL'S FIRST PERSONAL NAME, INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S), SUFFIX

7c MAILING ADDRESS: 80 FOUNTAIN STREET SUITE 223, CITY: PAWTUCKET, STATE: RI, POSTAL CODE: 02860, COUNTRY: USA

8. COLLATERAL CHANGE Also check one of these four boxes: ADD collateral, DELETE collateral, RESTATE covered collateral, 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: BANK RHODE ISLAND
OR
9b INDIVIDUAL'S SURNAME, FIRST PERSONAL NAME, ADDITIONAL NAME(S)/INITIAL(S), SUFFIX

10. OPTIONAL FILER REFERENCE DATA Debtor Name: Linchpin LLC
86653527 303 3603 303 - East Side

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 201515191940 6/8/2015 SS RI	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a. ORGANIZATION'S NAME BANK RHODE ISLAND	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 DIGITAL OCTANE 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:
Linchpin LLC - 80 FOUNTAIN STREET SUITE 223, PAWTUCKET, RI 02860

Secured Party Name and Address:
BANK RHODE ISLAND - 137 PITMAN STREET, PROVIDENCE, RI 02906

<p>15. This FINANCING STATEMENT AMENDMENT.</p> <p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)</p>	<p>17. Description of real estate</p>
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